

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

15110

State File No.

FILED MAY 1 1944

Registration District No. 180

Primary Registration District No. 4292

Registrar's No.

1. PLACE OF DEATH:

(a) County Spencer

(b) City or town Wentzville
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: 1
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 18 yrs. (Specify whether years, months or days)

In this community 18 yrs.

3. (a) PRINT FULL NAME DORA HENRY.

3. (b) If veteran, name war 1

(c) Social Security No. 1

4. Sex Female 5. Color or race White

6. (a) Single, widowed, married, divorced 1

6. (b) Name of husband or wife Edward G. Henry

6. (c) Age of husband or wife if alive 69 1/2 years

7. Birth date of deceased DEC 8 1876
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
<u>67</u>	<u>3</u>	<u>15</u>	hr min

9. Birthplace Montez Illinois
(City, town or county) (State or foreign country)

10. Usual occupation House duties

11. Industry or business Spencer Illinois

12. Name Edward Henry

13. Birthplace Columbus Ohio
(City, town or county) (State or foreign country)

14. Maiden name Mary Brewer

15. Birthplace St. Louis Mo.
(City, town or county) (State or foreign country)

16. (a) Informant Paul J. Henry

(b) Address Wentzville Mo.

17. (a) Burial (b) Date thereof March 25-44
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Wentzville Mo.

18. (a) Signature of funeral director Wentzville Mo.

(b) Address Wentzville Mo.

19. (a) 3-25-44 (b) Mr. Simon Dixon
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Spencer

(c) City or town Wentzville
(If outside city or town limits, write "RURAL")

(d) Street No.
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No)
If yes, name country 1

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 23,
year 1944 hour 7:00 minute 30 A.M.

21. I hereby certify that I attended the deceased from Mar 16
1944 to March 23, 1944
that I last saw her alive on March 23, 1944
and that death occurred on the date and hour stated above.

Immediate cause of death Carcinoma of ovary
(Endometrial carcinoma of Rt ovary)

Due to

Due to

Other conditions HQA
(Include pregnancy within 3 months of death)

Major findings: Endometrial carcinoma of Right ovary

Of operations

Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify)

(b) Date of occurrence

(c) Where did injury occur?

(d) Did injury occur in or about home, on farm, in industrial place, in public place?

While at work?

(Specify type of place) (e) Means of injury

23. Signature Dr. J. A. Allvato (M. D. 1944)
Address Wentzville, Mo. Date signed 3/24/44

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

RECEIVED
District Health Officer No. 9,
District File Number _____
Date Filed 4-28-44

SEP 22 1944

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by _____
_____, Registered Apprentice No. _____
working under my personal supervision.

Signed _____

Licensed Embalmer No. 2711

P. O. Address Wentzville, Mo

Note: The above **MUST BE SIGNED BY THE LICENSED EMBALMER** in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.