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DEPARTMENT OF COMMERCE
 BUREAU OF THE CENSUS
 THE STATE BOARD OF HEALTH OF MISSOURI
 STANDARD CERTIFICATE OF DEATH

State File No. _____
 Registrar's No. 147

Registration District No. 137 Primary Registration District No. 4218

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

2
 2
 0

1. PLACE OF DEATH: Henry
 (a) County Windsor, Missouri
 (b) City or town Windsor
 (c) Name of hospital or institution: _____
 (If not in hospital or institution, write street number or location) /
 (d) Length of stay: In hospital or institution 14 years (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:
 (a) State Missouri (b) County Henry 42
 (c) City or town Windsor 2
 (d) Street No. _____ (If rural, give location) 0
 (e) Citizen of foreign country? no (Yes or No)
 If yes, name country 0

3. (a) PRINT FULL NAME Lillian Dorla Henry
 3. (b) If veteran, name war _____ 3. (c) Social Security No. _____
 4. Sex F 5. Color or race W 6. (a) Single, widowed, married, divorced M
 6. (b) Name of husband or wife Frank Henry 6. (c) Age of husband or wife if alive 63 years
 7. Birth date of deceased March 24, 1890 (Month) (Day) (Year)

8. AGE: Years 54 Months 3 Days 10 If less than one day hr. _____ min. _____

9. Birthplace Eldorado Springs, Missouri (City, town, or county) (State or foreign country)

10. Usual occupation at home

11. Industry or business _____

12. Name Emmett P. Dyer

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

14. Maiden name Ida Ellen Rush (City, town, or county) (State or foreign country)

15. Birthplace unknown (City, town, or county) (State or foreign country)

16. (a) Informant Frank Henry

(b) Address Windsor, Missouri

17. (a) burial (b) Date thereof July 9, 1944 (Month) (Day) (Year)
 (c) Place: burial or cremation Windsor, Mo.

18. (a) Signature of funeral director Huston Turner

(b) Address Windsor, Mo.

19. (a) September 11, 1944 (Date received local registrar) (b) Registrar's signature (c) Licensed Embalmer's signature

MEDICAL CERTIFICATION
 20. DATE OF DEATH: Month July day 4th year 1944 hour 6 minute 5 p M.
 21. I hereby certify that I attended the deceased from June 27, 1944 to July 4, 1944 that I last saw her alive on July 4, 1944 and that death occurred on the date and hour stated above.

Immediate cause of death: Pulmonary tuberculosis
 Due to _____
 Due to _____
 Other conditions: _____
 (Include pregnancy within 3 months of death)

Major findings: 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) no
 (b) Date of occurrence _____
 (c) Where did injury occur? _____ (City or town) (County) (State)
 (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 0

23. Signature Ray Jordan (M. D. or other)
 Address Windsor Mo Date signed 7-7-44

1776 9 (Licensed Embalmer's signature) Statement on Reverse Side

RECEIVED

District Health Officer No. 7,

District No. 9-44-1091

Date Filed 10-4-44

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. 3391

P. O. Address Winston 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.

OFF. [unclear]