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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED NOV 28 1944
Registration District No. 427

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

37207

State File No. _____
Registrar's No. _____

Primary Registration District No. 5130

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

1. PLACE OF DEATH:
(a) County Buchanan
(b) City or town Rural *Rural Camp*
(c) Name of hospital or institution: no
(If not in hospital or institution, write street number or location) 1
(d) Length of stay: In hospital or institution none (Specify whether)
In this community entire life
years, months or days

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Platte 23
(c) City or town Iatan
(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 _____

3. (a) PRINT FULL NAME Ella Large Henson

3. (b) If veteran, name war XX 3. (c) Social Security No. XX

4. Sex female 5. Color or race white 6. (a) Single, widowed, married, divorced Widowed

6. (b) Name of husband or wife XX 6. (c) Age of husband or wife if alive XX years

7. Birth date of deceased March 13 1881
(Month) (Day) (Year)

8. AGE: Years 63 Months 7 Days 12 If less than one day hr. _____ min. _____

9. Birthplace Platte Co. Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business _____

12. Name Tom. Large

13. Birthplace Platte Co. Missouri
(City, town, or county) (State or foreign country)

14. Maiden name Disey Montgomery

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

16. (a) Informant Oliver Snow

(b) Address Iatan Missouri

17. (a) Burial (b) Date thereof Oct. 28-1944
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Iatan Cemetery

18. (a) Signature of funeral director: Vaughn Funeral Home
(b) Address Weston, Missouri

19. (a) 10/28/44 (b) Heard J. Rable
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month October day 25th
year 1944 hour 3 minute 40 M.

21. I hereby certify that I attended the deceased from on
Oct 25, 1944 to _____, 19____;
that I last saw h. _____ alive on _____, 19____;
and that death occurred on the date and hour stated above.

Immediate cause of death _____ Duration _____
Basal Skull Fracture 1 day
Fatal Cerebral hemorrhage
Due to Crushing injuries of the
Chest

Other conditions Woman was fatally injured
(Include pregnancy within 3 months of death)

Major findings: While riding in an automobile
when the automobile collided
with a train on a
Crossing on U.S. Highway # 59
Of operation operator by another person
Of autopsy no with a train on a
Crossing on U.S. Highway # 59

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

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

(b) Date of occurrence Oct. 25th 1944

(c) Where did injury occur? Winthrop Buch Mo.
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place?
U.S. Highway # 59 1 1/2 miles East of Winthrop
While at work? no (Specify type of place) (e) Means of injury train

23. Signature H. F. Mearns, Jr. (M. D. or other)

Address 404 So 39, Winthrop Mo. Date signed 10/28/44

1377

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 W. R. Vaughn.....

Licensed Embalmer No. 4023.....

P. O. Address Weston, 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.