S. No. 2
DM—5-43
v. 5-17-39
I X36671

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

FILED AUG 18 1945

State File No. 26713

Registration District No. 10 Primary Registration District No. 3002 Registrar's No. 96

1. PLACE OF DEATH:

(a) County Audrain Co.
(b) City or town Mexico Mo.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: ~~Ott~~ 916 E Jackson 1
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution ..... (Specify whether
In this community ..... years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Audrain Co 4
(c) City or town Mexico Mo. 1
(If outside city or town limits, write "RURAL")
(d) Street No. 916 E. Jackson St. 2
(If rural, give location)
(e) Citizen of foreign country? ..... (Yes or No) 0
If yes, name country .....

3. (a) PRINT FULL NAME MRS. MARGARET EMMA DOUGLASS

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

4. Sex Female 1
5. Color or race White
6. (a) Single, widowed, married, divorced Widow
6. (b) Name of husband or wife .....
6. (c) Age of husband or wife if alive ..... years
7. Birth date of deceased Nov 18 (Month) ~~1859~~ ~~(Day)~~ 1859 (Year)

8. AGE:	Years	Months	Days	If less than one day
	85	7	27	..... hr. ..... min.

9. Birthplace Monroe Co. Mo. 0 (City, town, or county) (State or foreign country)
10. Usual occupation Home Maker
11. Industry or business .....

FATHER
12. Name Thomas Hardin Henson
13. Birthplace ..... Ky. 1 (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Mary Jane Yancey
15. Birthplace Hanford Co. Mo. 17 (City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Jessie Douglass
(b) Address Mexico Mo.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof July 17 1945 (Month) (Day) (Year)
(c) Place: burial or cremation Mexico Mo.
18. (a) Signature of funeral director [illegible]
(b) Address Mexico Mo.
19. (a) 7-16-45 (Date received local registrar) (b) Margaret K Mackie (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 15
year 1945 hour 11:00 minute P. M.
21. I hereby certify that I attended the deceased from March 3, 1945 to July 15, 1945
that I last saw her alive on July 15, 1945;
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Generalized Degenerative Myocarditis	5 Yrs.
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death) 938	
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? None (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? None (Specify type of place)
While at work? — (e) Means of injury 0
23. Signature Harry F O'Brien (M. D. or ~~other~~)
Address Mexico Mo. Date signed 7-16-45

1074

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 10
District File Number 8-45-1247
Date Filed AUG-1-6-1945

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 J. E. McPherson

Licensed Embalmer No. 1132

P. O. Address Mexico 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.