

FILED FEB 7 1946Registration District No. **274**Primary Registration District No. **4405**Registrar's No. **32**

1. PLACE OF DEATH:

- (a) County **Pettis**
(b) City or town **Green Ridge Mo**
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
Died at Home
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution
all her life (Specify whether)
In this community
years, months or days

3. (a) PRINT
FULL NAME

- Minnie Clara Henry**
(b) If veteran, name war **None**
(c) Social Security No. **None**

4. Sex **Female** 5. Color or race **White**
6. (b) Name of husband or wife **None** 6. (c) Age of husband or wife if alive **None** years
7. Birth date of deceased **Mch 23rd 1872**
(Month) (Day) (Year)

8. AGE: Years **73** Months **10** Days **8** If less than one day
hr. min.

9. Birthplace **Pettis Co Mo**
(City, town, or county) (State or foreign country)

10. Usual occupation **House Keeper**

11. Industry or business

12. Name **John Marquis Henry**

13. Birthplace **Pettis Co Mo**
(City, town, or county) (State or foreign country)

14. Maiden name **Mary Jennings Malher**

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

16. (a) Informant **Mrs. Geo. Crall**

- (b) Address **La Monte, Mo.**

17. (a) **Burial** (b) Date thereof **Feb 2, 46**
(Burial, cremation, or removal) (Month) (Day) (Year)

- (c) Place: burial or cremation **Antioch Baptist Church**

18. (a) Signature of funeral director **L. L. Radam**

- (b) Address **Green Ridge Mo**

19. (a) **2-4-46** (b) **A. G. Campbell**
(Date received local registrar) (Registrar's signature)

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(Licensed Embalmer's Statement on Reverse Side)

2. USUAL RESIDENCE OF DECEASED:

- (a) State **Mo** (b) County **Pettis**
(c) City or town **Green Ridge Mo**
(If outside city or town limits, write "RURAL")
(d) Street No. **Not numbered**
(If rural, give location)
(e) Citizen of foreign country? **No** (Yes or No)
If yes, name country

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Jan** day **31**
year **1946** hour **8** minute **15 A.M.**

21. I hereby certify that I attended the deceased from
Jan 29, 1946, to **Jan 31**, 1946;
that I last saw her alive on **Jan 31**, 1946;
and that death occurred on the date and hour stated above.

- Immediate cause of death **Intestinal Obstruction** Duration **2 days**

- Due to

- Due to

- Other conditions **Myocarditis**
(Include pregnancy within 3 months of death)
Auricular fibrillation

- Major findings:
Of operations

- Of autopsy

22. If death was due to external causes, state following:

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

- (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?

- (Specify type of place)

- While at work? (e) Means of injury

- Signature **H. A. Hite** (M. D. or other)

- Address **Green Ridge Mo** Date signed **2/1/46**

ADDITIONAL
SUPPLEMENTARY
INFORMATION
REQUIRED

PHYSICIAN

Underline
the cause to
which death
should be
charged sta-
tistically.

RECEIVED

District Health Officer No. 8,

District File Number.....

Date Filed 2-6-46

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

L. L. Rame

Licensed Embalmer No.

1881

P. O. Address

Green Ridge

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.

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUSTHE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATHState File No. *Feb*Registration District No. *274*Primary Registration District No. *4408-*Registrar's No. *32*

1. PLACE OF DEATH:

- (a) County *Pettis*
(b) City or town *Green Ridge*
(If outside city or town limits, write "RURAL" and name of township)
(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 (Specify whether
In this community years, months or days)

3. (a) PRINT
FULL NAME*Minnie C Henry*

3. (b) If veteran,
name war

3. (c) Social Security
No.

4. Sex *7* 5. Color or race *W* 6. (a) Single, widowed, married,
divorced

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

7. Birth date of deceased *mch 23*
(Month) (Day) (Year)

8. AGE: Years *73* Months *8* Days *10* If less than one day
hr. min.

9. Birthplace *mo*
(City, town, or county) (State or foreign country)

10. Usual occupation

11. Industry or business

12. Name

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

14. Maiden name

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

16. (a) Informant

- (b) Address

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

- (c) Place: burial or cremation

18. (a) Signature of funeral director

- (b) Address

19. (a) (Date received local registrar) (b) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

- (a) State (b) County

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

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

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month *Feb* Day *29*
year *1946* hour minute M.

21. I hereby certify that I attended the deceased from
to to 19;
that I last saw him alive on 19;
and that death occurred on the date and hour stated above.

Immediate cause of death: *Intestinal obstruction
due to volvulus, Beginning
peritonitis, Extreme Shock* Duration
3 days

- Due to

- Due to

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

- Major findings:
Of operations

- Of autopsy

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ADDITIONAL
SUPPLEMENTARY
INFORMATION
REQUESTED

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? (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

23. Signature *H. A. Hite* (M. D. *1*)

- Address *Green Ridge mo* Date signed *2/13/46*

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