

FILED JUN 12 1946  
Registration District No. 181

Primary Registration District No. 52 370

Registrar's No.

1. PLACE OF DEATH:

(a) County Lincoln Co. Mo.

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

(c) Name of hospital or institution:  
None  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution no (Specify whether years, months or days)

In this community all her life

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Lincoln <sup>57</sup>

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

(d) Street No. X X 3 mi S.W. Siley Mo.  
(If rural, give location)

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

3. (a) PRINT FULL NAME Lucy B. Henry

3. (b) If veteran, no name war X X

3. (c) Social Security No. X X

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 13 year 1946 hour 7 minute 30 A.M.

21. I hereby certify that I attended the deceased from March 18 1946 to April 13 1946 that I last saw her alive on April 12 1946 and that death occurred on the date and hour stated above.

4. Female 5. Color or race White

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

6. (b) Name of husband or wife None 6. (c) Age of husband or wife if alive no years

7. Birth date of deceased 12 (Month) 10 (Day) 1849 (Year)

Immediate cause of death Senility - cerebral Regurgitation

Due to

Due to

8. AGE: Years Months Days If less than one day

96 4 3 hr. min.

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations 92K

Of autopsy

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

10. Usual occupation Housewife

11. Industry or business X X

12. Name Hugh Hall

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

14. Maiden name Lucinda James

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

16. (a) Informant Beatrice Wilks

(b) Address Siley Mo.

17. (a) Burial (b) Date thereof 4-15-1946  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Stony Cemetery

18. (a) Signature of funeral director E.P. Dammert

(b) Address Siley Mo.

19. (a) May 16 46 (b) Mrs. J.W. Newby  
(Date received local registrar) (Registrar's signature)

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 0

23. Signature R.M. Penn (M. D. not)  
Address Siley Mo. Date signed

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

16140

164

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**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 me

....., Registered Apprentice No. XX  
working under my personal supervision.

Signed W. P. Hammer

Licensed Embalmer No. 2251

P. O. Address St. Louis

**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.**