S. No. 2
DM—2-43
v. 5-17-39
1 X35797

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 22991

FILED JUL 30 1946

Registration District No. 4099 Primary Registration District No. 4099 Registrar's No. 92

1. PLACE OF DEATH:

(a) County Cass

(b) City or town Pleasant Hill Mo (If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: 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 71 yrs years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Cass 19

(c) City or town Pleasant Hill (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

3. (a) PRINT FULL NAME Martha Emaline Henry

3. (b) If veteran, name war no

3. (c) Social Security No. no

4. Sex Fe 1

5. Color or race wh

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

6. (b) Name of husband or wife W H Henry

6. (c) Age of husband or wife if alive 89 years

7. Birth date of deceased June (Month) 23 (Day) 1869 (Year)

8. AGE: Years 77 Months 0 Days 1 If less than one day hr. min.

9. Birthplace Grainger Co. (City, town, or county) Tenn (State or foreign country)

10. Usual occupation At Home

11. Industry or business House Wife

FATHER
12. Name Ransom Hepsher
13. Birthplace (City, town, or county) Tenn (State or foreign country)

MOTHER
14. Maiden name Sarah Jane Hayes
15. Birthplace (City, town, or county) Tenn (State or foreign country)

16. (a) Informant W H Henry Husband

(b) Address Pleasant Hill Mo

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof June 26, 46 (Month) (Day) (Year)

(c) Place: burial or cremation Pleasant Hill Cem

18. (a) Signature of funeral director J Virgil Herrick

(b) Address Pleasant Hill Mo.

19. (a) July 1 1946 (Date received local registrar) (b) Laura J. Jones (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 24 year 1946 hour 8 minute 2 a M.

21. I hereby certify that I attended the deceased from June 10, 1946, to June 24, 1946 that I last saw her alive on June 23, 1946 and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral Hemorrhage

Due to Hypertension & Sclerosis.

Due to

Other conditions (Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

Duration

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? (Specify type of place)

While at work? (e) Means of Injury

23. Signature: L. V. Murray M.D. (M.D. or other)

Address Pleasant Hill, Mo. Date signed 6-24-46

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(Licensed Embalmer's Statement on Reverse Side)

JUL 30 1946

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. Virgil Kennick

Licensed Embalmer No. 3599

P. O. Address Pleasant Hill

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.