No. 2
12-45
17-39
X47070

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

State File No. 2086

FILED FEB 10 1947

Registration District No. 291 Primary Registration District No. 5997 Registrar's No. 11

1. PLACE OF DEATH:
(a) County Putnam
(b) City or town Rural Wilson Tmp.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Unionville
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution (Specify whether years, months or days)
In this community 35 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Mo (b) County Putnam 86
(c) City or town Rural 0
(If outside city or town limits, write "RURAL")
(d) Street No. Unionville, Mo. 0
(If rural, give location)
(e) Citizen of foreign country? no (Yes or No) 0
If yes, name country no

3. (a) PRINT FULL NAME Mary Ellen Henson
3. (b) If veteran, name war no
3. (c) Social Security No. no
4. Sex F
5. Color or race W
6. (a) Single, widowed, married, divorced M
6. (b) Name of husband or wife Edward C. Henson
6. (c) Age of husband or wife if alive 79 years
7. Birth date of deceased Nov. 29 1872 (Month) (Day) (Year)

8. AGE: Years	Months	Days	If less than one day
74	1	27	hr. min.

9. Birthplace Unionville, Iowa (City, town, or county) (State or foreign country)
10. Usual occupation Home work
11. Industry or business
MOTHER FATHER
12. Name James Jordan
13. Birthplace Ind. (City, town, or county) (State or foreign country)
14. Maiden name Martha Hurd
15. Birthplace Iowa. (City, town, or county) (State or foreign country)
16. (a) Informant C. E. Henson
(b) Address Unionville, Mo.
17. (a) B (Burial, cremation, or removal) (b) Date thereof 1-29-47 (Month) (Day) (Year)
(c) Place: burial or cremation Unionville, Mo
18. (a) Signature of funeral director Harold Gibson
(b) Address Unionville, Mo.
19. (a) 1-29-47 (Date received local registrar) (b) Marvell Durbin (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan. day 26 year 1947 hour 11 minute 30 P.M.
21. I hereby certify that I attended the deceased from 3-21-46 19..., to 1-26 1947 that I last saw her alive on 1-26 1947 and that death occurred on the date and hour stated above.

Immediate cause of death Chronic myocarditis and renal insufficiency — Duration
Due to
Due to
Other conditions (Include pregnancy within 3 months of death)
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)
(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 C. W. McDonald (M. D. or other) MD
Address Unionville, Mo Date signed 1-27-47

(Licensed Embalmer's Statement on Reverse Side)

266

JAN 13 1950

RECEIVED
District Health Officer No. 1
District File
FEB 5 1947
Data Files

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 R. M. Slavens, Registered Apprentice No. 48, working under my personal supervision.

Signed G. O. Kirsted

Licensed Embalmer No. 2975

P. O. Address Simonville Pa

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.