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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED APR 23 1947

Registration District No. 128

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 13129

Primary Registration District No. 2000

Registrar's No. 256 A

1. PLACE OF DEATH:

(a) County Greene

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

(c) Name of hospital or institution: 2314 N. Broadway Ave.
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution ..... (Specify whether
In this community 7 Months
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Oklahoma (b) County Delaware 999

(c) City or town Jay 84
(If outside city or town limits, write "RURAL")

(d) Street No. 0
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No) 2

If yes, name country .....

3. (a) PRINT FULL NAME LOUIE ADELINE HENLEY

3. (b) If veteran, name war none

3. (c) Social Security No. .....

4. Sex Female

5. Color or race White

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

6. (b) Name of husband or wife Daniel A. Henley

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

7. Birth date of deceased June (Month) 24, (Day) 1861 (Year)

8. AGE:

Years	Months	Days	If less than one day
85	8	24	..... hr. ..... min.

9. Birthplace Greene County, (City, town, or county) Missouri (State or foreign country)

10. Usual occupation None

11. Industry or business .....

FATHER
12. Name John R. Brower
13. Birthplace unknown (City, town, or county) N. Carolina (State or foreign country)

MOTHER
14. Maiden name Sarah Spoon
15. Birthplace unknown (City, town, or county) N. Carolina (State or foreign country)

16. (a) Informant Mrs. Anna Pierpont
(b) Address 2314 N. Broadway, Springfield, Mo.

17. (a) Removal (Burial, cremation, or removal) (b) Date thereof March 19, 1947 (Month) (Day) (Year)
(c) Place: burial or cremation Jay, Oklahoma

18. (a) Signature of funeral director Fred Ct Thieme
(b) Address Springfield, Mo.

19. (a) Mar 18, 1947 (Date received local registrar) (b) W. E. Handley M.D. (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 18th
year 1947 hour 1:00 P.M. minute ..... M.

21. I hereby certify that I attended the deceased from 3/10 1947 to 3/18, 1947 to ....., 19....; that I last saw her alive on 3/12, 1947 and that death occurred on the date and hour stated above.

Immediate cause of death Gen senility

Due to Old age ?

Due to .....

Other conditions Fracture hip 2 yrs ago
(Include pregnancy within 3 months of death)

Major findings:
Of operations no

Of autopsy no

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 Fractured hip 2 yrs ago

(c) Where did injury occur? Okla (City or town) in (County) home (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? Home (Specify type of place)

While at work? ..... (e) Means of injury 0

23. Signature S. F. Freeman (M. D. or other)

Address Springfield Mo Date signed 3/18/47

(Licensed Embalmer's Statement on Reverse Side)

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 Ralph H. Thiem

Licensed Embalmer No. 3681

P. O. Address Springfield, 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.