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

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED JUL 12 1947

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 22314

Registration District No. 318

Primary Registration District No. 1003

Registrar's No. 6302

1. PLACE OF DEATH:

(a) County

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

(c) Name of hospital or institution: Missouri Baptist Hospital
(If not in hospital or institution, write street number of location)

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

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Wayne

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

(d) Street No. N.R.
(If rural, give location)

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

If yes, name country

3. (a) PRINT FULL NAME Ruth Wyola Henson

3. (b) If veteran, name war No

3. (c) Social Security No. None

4. Sex Female

5. Color or race White

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

6. (b) Name of husband or wife Charles Henson

6. (c) Age of husband or wife if alive 68 years

7. Birth date of deceased April (Month) 29 (Day) 1899 (Year)

8. AGE: Years 48 Months 2 Days 0 If less than one day hr. min.

9. Birthplace Omaha (City, town, or county) Nebraska (State or foreign country)

10. Usual occupation Housewife

11. Industry or business

FATHER
12. Name Wory Wesley Aydlott
13. Birthplace Unknown (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Clementine Unknown
15. Birthplace Charle Unknown (City, town, or county) (State or foreign country)

16. (a) Informant Charles Henson
(b) Address Piedmont, Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 7-1-47 (Month) (Day) (Year)
(c) Place: burial or cremation Pieemont, Mo.

18. (a) Signature of funeral director Albert H. Hoppe
(b) Address 4700 Washington Blvd.

19. (a) JUL 1 1947 (Date received local registrar) (b) J. F. Breseck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 29 year 1947 hour 5 minute 35 PM.

21. I hereby certify that I attended the deceased from 6/20-47, 19 to 6/29-47, 19; that I last saw her alive on 6/29-47, 19; and that death occurred on the date and hour stated above.

Immediate cause of death Cardiac Decompensation

Due to Chr. Myocarditis

Due to Fibrinoid Auriculosis

Other conditions (Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

Duration

PHYSICIAN

Underline the cause of 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 R. K. Andrews (M. D. or other)

Address 1935 Hory Cond Date signed 6/30-47

Jefferson City Printing Co.

(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.....

Licensed Embalmer No.....

P. O. Address.....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply wi the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.