No. 2
M—2-43
5-17-39
I X35697

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED AUG 5 1947

Registration District No. 32

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 5115

State File No. 23350

Registrar's No. 55

1. PLACE OF DEATH:

(a) County Bollinger-Whitewater Twp.

(b) City or town Rural 3 mi. N. of Patton

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

(c) Name of hospital or institution:

(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution (Specify whether

In this community 6 mos - 10 days

years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Bollinger

(c) City or town Rural-Whitewater Twp.

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

(d) Street No. 3 mi. N. of Patton

(If rural, give location)

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

If yes, name country

3. (a) PRINT FULL NAME Joyce Marie Henson

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex Female

5. Color or race White

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

6. (b) Name of husband or wife

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

7. Birth date of deceased January (Month) 15 (Day) 1947 (Year)

8. AGE: Years — Months 6 Days 10 If less than one day hr. min.

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

10. Usual occupation

11. Industry or business

FATHER
12. Name Jefferson W. Henson
13. Birthplace Patton (City, town, or county), Missouri (State or foreign country)

MOTHER
14. Maiden name Minnie Brotherton
15. Birthplace Patton (City, town, or county), Missouri (State or foreign country)

16. (a) Informant Minnie Henson

(b) Address Patton, Missouri

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 7/26/47 (Month) (Day) (Year)

(c) Place: burial or cremation Patton Cemetery

18. (a) Signature of funeral director Webb-Adamson

(b) Address Fredericktown, Mo.

19. (a) July 28-1947 (Date received local registrar) (b) Willie Van Amburgh (Registrar's signature) 25

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day Friday 25 year 1947 hour 3 minute 45 A.M.

21. I hereby certify that I attended the deceased from July 3 1947, to July 21 1947 that I last saw her alive on July 21 1947 and that death occurred on the date and hour stated above.

Immediate cause of death Spastic Spinal Paralysis

Due to Influenza La Grippe

Due to

Other conditions (Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

33B

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 Dr. A. P. Baslard D.C. (M.D. or other)

Address Fredericktown Mo. Date signed 7-25-47

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED

District Health Officer No. 4

District File Number 847-998

Date Filed 8-4-47

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was Not embalmed by me, ~~or by~~ _____, Registered Apprentice No. _____, working under my personal supervision.

Not embalmed

Signed L. Volpian Adamson

Licensed Embalmer No. 4357

P. O. Address Fredericktown, 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.