S. No. 2
OM—5-43
v. 5-17-39
I X36671

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED AUG 29 1947

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 27255

Registration District No. 184 Primary Registration District No. 4176 Registrar's No. 26

1. PLACE OF DEATH:
(a) County Dunklin
(b) City or town Malden (If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 109 W. Howard St. (If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution (Specify whether
In this community 35 Years years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Dunklin
(c) City or town Malden (If outside city or town limits, write "RURAL")
(d) Street No. 109 W. Howard St. (If rural, give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Julia Myrtle McHenry
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 Widwed
6. (b) Name of husband or wife Deceased
6. (c) Age of husband or wife if alive years
7. Birth date of deceased August 6 (Month) (Day) 1884 (Year)

8. AGE: Years 62 Months 11 Days 16 If less than one day hr. min.

9. Birthplace Cotton Wood Point, Mo. (City, town, or county) (State or foreign country)
10. Usual occupation Retired Housewife
11. Industry or business Above
FATHER
12. Name Mertin L. Taylor
13. Birthplace Cotton Wood Point, Mo. (City, town, or county) (State or foreign country)
MOTHER
14. Maiden name Mandy Anderson
15. Birthplace Cotton Wood Point, Mo. (City, town, or county) (State or foreign country)
16. (a) Informant H. C. Taylor
(b) Address Malden, Missouri
17. (a) Buril (Burial, cremation, or removal) (b) Date thereof 8-8-47 (Month) (Day) (Year)
(c) Place: burial or cremation Park Cemetey
18. (a) Signature of funeral director Day Funeral Home
(b) Address Malden, Missouri
19. (a) 8/12/47 (Date received local registrar) (b) J. G. Schauman (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month August day 6 th year 1947 hour 8: minute 15 A.M.
21. I hereby certify that I attended the deceased from 8-4-47, 1947, to 8 6, 1947 that I last saw her alive on aug 5, 1947 and that death occurred on the date and hour stated above.

Immediate cause of death Heat Exhaustion — Duration 3 days
Due to
Due to
Other conditions none (Include pregnancy within 3 months of death)
S. E. Mitchell
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 S. E. Mitchell (M. D. or other)
Address Malden Mo Date signed 8-6-47

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Office No. 2,
District File Number 847-112
Date Filed 8-25-47

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. E. Schuman

Licensed Embalmer No. 4086

P. O. Address Malden

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.