

S. No. 2
DM-5-43
v. 5-17-39
I X36671

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED OCT 8 1947

THE STATE BOARD OF HEALTH OF MISSOURI STANDARD CERTIFICATE OF DEATH

State File No. **30275**
Registrar's No. **88**

Registration District No. **11** Primary Registration District No. **4024**

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

1. PLACE OF DEATH:

(a) County Barry

(b) City or town Cassville
(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 years, months or days)

3. (a) PRINT FULL NAME Fannie E. Henbest

3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex <u>female</u>	5. Color or race <u>white</u>	6. (a) Single, widowed, married, divorced <u>Widowed</u>
6. (b) Name of husband or wife <u>E. L. Henbest</u>	6. (c) Age of husband or wife if alive _____ years	
7. Birth date of deceased <u>June 6 1864</u> (Month) (Day) (Year)		

8. AGE:	Years	Months	Days	If less than one day
	<u>83</u>	<u>2</u>	<u>16</u>	_____ hr. _____ min.

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

10. Usual occupation Housewife

11. Industry or business _____

MOTHER { 12. Name W. L. Black

13. Birthplace unknown 9
(City, town, or county) (State or foreign country)

14. Maiden name Sallie Ann Fenix

15. Birthplace unknown 0
(City, town, or county) (State or foreign country)

16. (a) Informant C. D. Henbest

(b) Address Cassville, Missouri

17. (a) Burial (b) Date thereof 8-24-1947
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Oak Hill Cemetery

18. (a) Signature of funeral director Culver Funeral Home

(b) Address Cassville, Missouri

19. (a) Sept 11-1947 (b) Grace Williams
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Barry

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

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

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

If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month August day 21st
year 1947 hour 5 minute P. M.

21. I hereby certify that I attended the deceased from March 1946 to August 5 1947; that I last saw her alive on August 2 1947; and that death occurred on the date and hour stated above.

Immediate cause of death Pulmonary Tuberculosis

Due to Pulmonary Tuberculosis 2 yr

Due to _____

Other conditions (Include pregnancy within 3 months of death) _____

PHYSICIAN

Major findings:
Of operations: 12 B

Of autopsy: _____

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? 2

While at work _____ (Specify type of place) (e) Means of injury _____

23. Signature Grace Williams (M. D. or other) MD
Address Cassville, Mo. Date signed 8-24-47

RECEIVED

District Health Officer No. 6;

District File Number 947-981

Date Filed SEP 30 1947

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.....

Ruby Elkins....., Registered Apprentice No. 496
working under my personal supervision.

Signed A. E. Culver.....

Licensed Embalmer No. 3584.....

P. O. Address Cassville.....

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.