

FILED SEP 18 1947

Registration District No. 24

Primary Registration District No. 5830

Registrar's No. 40

1. PLACE OF DEATH:

(a) County New Madrid
 (b) City or town Rural - West
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution Sikeston R 1
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution _____ (Specify whether
 In this community life years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Stoddard 103
 (c) City or town Rural 0
 (If outside city or town limits, write "RURAL")
 (d) Street No. Bloomfield Mo R 78 #1 0
 (If rural, give location)
 (e) Citizen of foreign country? no (Yes or No)
 If yes, name country _____

3. (a) PRINT FULL NAME MARTHA ELIZABETH 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, widowed
 6. (b) Name of husband or wife James William 6. (c) Age of husband or wife if alive _____ years
 7. Birth date of deceased Jan 3 1970
 (Month) (Day) (Year)

8. AGE: Years 77 Months 6 Days 2 If less than one day _____ hr. _____ min.

9. Birthplace Barry Co Mo
 (City, town, or county) (State or foreign country)

10. Usual occupation at home

MOTHER FATHER

11. Industry or business _____
 12. Name James Baxter
 13. Birthplace unknown
 (City, town, or county) (State or foreign country)
 14. Maiden name Phoebe Carter
 15. Birthplace unknown
 (City, town, or county) (State or foreign country)

16. (a) Informant Orville Henson

(b) Address Bloomfield Mo R 1

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

(c) Place: burial or cremation Sikeston Mo

18. (a) Signature of funeral director Welch Funeral Home
 (b) Address Sikeston Mo

19. (a) 9-11-1947 (b) Thomas M. Shetter Jr
 (Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 5
 year 1947 hour 10 minute 01 A. M.

21. I hereby certify that I attended the deceased from 6-5
 1947, to 7-5 1947
 that I last saw h. alive on 7-5 1947
 and that death occurred on the date and hour stated above.

Immediate cause of death Carcinoma of stomach 62mm

Due to _____

Due to _____

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations 410 B
 Of autopsy _____

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? _____

While at work? _____ (Specify type of place) (e) Means of injury 10

23. Signature J. M. Davis M.D. (M. D. or other)

Address Morhause Mo Date signed 8-4-47

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

RECEIVED

District Health Office, No. 2

District File Number 947-124

Date Filed 9-19-47

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

Raymond Grew

Licensed Embalmer No. 3467

P. O. Address

Sikeston 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.