No. 2
1/47
17-39

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

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 37575

FILED DEC 15 1947

Registration District No. 1947

Primary Registration District No. 5387

Registrar's No. 80

1. PLACE OF DEATH:

(a) County Dent

(b) City or town Rural Osage Twp
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: None
(If not in hospital or institution, write street number or 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 Dent 33

(c) City or town Rural 0
(If outside city or town limits, write "RURAL")

(d) Street No. Near Salem, Missouri
(If rural, give location)

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

If yes, name country 0

3. (a) PRINT FULL NAME Tobitha Jane Henson

3. (b) If veteran, name war ----

3. (c) Social Security No. ----

4. Sex F

5. Color or race W

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

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

6. (c) Age of husband or wife if alive 65 years

7. Birth date of deceased March 15, 1883
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
64	8	7	hr. min.

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

10. Usual occupation At Home

11. Industry or business

FATHER
12. Name Will Barton
13. Birthplace Missouri 0
(City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Polly Jane Montgomery
15. Birthplace Missouri 0
(City, town, or county) (State or foreign country)

16. (a) Informant Wiley Henson
(b) Address Howes Mill, Missouri

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 11/24/47
(Month) (Day) (Year)
(c) Place: burial or cremation Barton Cemetery

18. (a) Signature of funeral director Carl K Spencer
(b) Address Salem, Missouri

19. (a) 11-24-47 (Date received local registrar) (b) M. M. Hart, M.W., M.E. (Registrar's signature) 8/3

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month November day 22
year 1947 hour 3:55 A.M. minute ..... M.

21. I hereby certify that I attended the deceased from 11-6-47, 1947, to Nov 17, 1947, that I last saw her alive on Nov 17, 1947 and that death occurred on the date and hour stated above.

Immediate cause of death Senescence and debility

Due to Intestional Obstruction

Due to

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.

ADDITIONAL SUPPLEMENTARY INFORMATION REQUESTED

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 Joseph R Burnett (M. D. or other) D.O.

Address Salem, Mo. Date signed 11-25-47

Jefferson City Printing Co.

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District ... Officer No. 5,
District File ... 1247697
Date Filed 1273-47

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 Wm. W. McDonald

Licensed Embalmer No. 3806

P. O. Address Salem, 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.

No. 2B
—3-45
P I X43880

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. Dec

Registration District No. 100 Primary Registration District No. 5387 Registrar's No. 80

SUPPLEMENTARY

1. PLACE OF DEATH:

(a) County Dent

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

2. USUAL RESIDENCE OF DECEASED:

(a) State (b) County

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

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

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

If yes, name country

3. (a) PRINT FULL NAME Tabitha J. Henson

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex F

5. Color or race W

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

6. (b) Name of husband or wife

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

7. Birth date of deceased March (Month) 15 (Day) 1883 (Year)

8. AGE: Years 64 Months Days If less than one day hr. min.

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

10. Usual occupation

11. Industry or business

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

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

16. (a) Informant
(b) Address

17. (a) (Burial, cremation, or removal) (b) Date thereof (Month) (Day) (Year)
(c) Place: burial or cremation

18. (a) Signature of funeral director
(b) Address

19. (a) (Signature of local registrar) (b) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov. 22 day
year 1947 hour minute M.

21. I hereby certify that I attended the deceased from
, 19 , to , 19 ;
that I last saw h alive on , 19 ;
and that death occurred on the date and hour stated above.

Immediate cause of death Inanition & debility

Due to Intestional Obstruction

Due to Spastic Ileus

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations

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?
(Specify type of place)

While at work? (e) Means of injury

23. Signature Joseph R Burnett (M. D. or other) DO

Address Salem, Mo Date signed 12-19-47

37575