No. 2
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED OCT 25 1948

Registration District No. 12

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 3003

State File No. 31929

Registrar's No. 69

1. PLACE OF DEATH:

(a) County Barry

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

(c) Name of hospital or institution: 910-4th st (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution None (Specify whether years, months or days) In this community Entire life

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Barry

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

(d) Street No. 910 4th (If rural, give location)

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

If yes, name country none

3. (a) PRINT FULL NAME Rosey Elizabeth Henson

3. (b) If veteran, name war None

3. (c) Social Security No. None

4. Sex F

5. Color or race W

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

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

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

7. Birth date of deceased October (Month) 31 (Day) 1875 (Year)

8. AGE: Years 72 Months 11 Days 4 If less than one day hr. min.

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

10. Usual occupation Retired housewife

11. Industry or business None

MOTHER FATHER

12. Name Jonathan Eden

13. Birthplace not known (City, town, or county) Ga (State or foreign country)

14. Maiden name Eden

15. Birthplace not known (City, town, or county) Ga (State or foreign country)

16. (a) Informant Mrs Wm. C. Scroggins

(b) Address 910 4th st Monett Mo

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Oct 7 1948 (Month) (Day) (Year)

(c) Place: burial or cremation Purdy Mo

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

(b) Address Monett Mo

19. (a) 10-11-48 (Date received local registrar) (b) W. M. West (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct day 5 year 1948 hour 5 minute A M.

21. I hereby certify that I attended the deceased from 1944, 19__, to Oct 4th 1948, that I last saw her alive on Oct 4th 1948, and that death occurred on the date and hour stated above.

Duration

Immediate cause of death Myocarditis

Due to Chronic nephritis & hepatic carcinoma

Due to

Other conditions (Include pregnancy within 3 months of death)

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 D. C. Hagell (M. D. or other)

Address Monett Mo Date signed 9/7/48

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 6,
District File Number 1048-1183
Date Filed 10-23-48

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 David Dillon

Licensed Embalmer No. 3898

P. O. Address Monett, 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.