

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

1. PLACE OF DEATH:

(a) County Cole

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

(c) Name of hospital or institution:
St. Mary's Hospital
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution _____ (Specify whether _____)

In this community 31 years
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Cole

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

(d) Street No. R.F.D.#4, Jefferson City, Mo
(If rural, give location)

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

If yes: name country _____

3. (a) PRINT FULL NAME E. Madge McHenry

3. (b) If veteran, name war _____

3. (c) Social Security No. 499-24-6911

20. DATE OF DEATH: Month 10 day 18 year 48 hour 1:30 minute 10 M.

21. I hereby certify that I attended the deceased from 14 1948 to 10-18-48 1948

that I last saw her alive on 10-18-48 and that death occurred on the date and hour stated above.

MEDICAL CERTIFICATION

4. Sex Female 5. Color or race White

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

6. (b) Name of husband or wife Foster B. McHenry 6. (c) Age of husband or wife if alive 55 years

7. Birth date of deceased August 18 1902
(Month) (Day) (Year)

Immediate cause of death Delayed shock

Due to intestinal obstruction

Due to _____

Other conditions Barry's loop
(Include pregnancy within 3 months of death)

8. AGE:	Years	Months	Days	If less than one day
	<u>46</u>	<u>2</u>		hr. _____ min. _____

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

10. Usual occupation Vice Pres. Capital Telephone

11. Industry or business _____

Major findings: Of operations _____

Of autopsy Barry's loop

PHYSICIAN _____

Underline the cause to which death should be charged statistically.

MOTHER FATHER

12. Name John T. Waddill

13. Birthplace Adair County, Missouri
(City, town, or county) (State or foreign country)

14. Maiden name Emma A. Wilkins

15. Birthplace Linn County, Missouri
(City, town, or county) (State or foreign country)

16. (a) Informant Foster B. McHenry

(b) Address Jefferson City, Missouri

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Oct-20-1948
(Month) (Day) (Year)

(c) Place: burial or cremation River View Cemetery

18. (c) Signature of funeral director W. H. Jordan

(b) Address Jefferson City, Missouri

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 0

19. (a) 10-20-48 (Date received local registrar) (b) P. P. Harris, M.D. (Registrar's Signature)
W. H. Jordan (Licensed Embalmer's Signature)

23. Signature Green A. W. Taylor (M. D. or other) 10-19-48

Address Jefferson City, Mo Date signed 10-15-48

(Licensed Embalmer's Signature on Reverse Side)

RECEIVED
DICTIONARY OF OCCUPATIONS No. 9
LICENSED EMBALMER
OCT 28 1949

NOV 9 1949

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 *Robert J. Gordon*
Licensed Embalmer No. *1786*
P. O. Address *Jefferson City, 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.