

S. No. 2
1-12-45
5-17-39
1 X47070

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

40996

State File No.

FILED JAN 4 2 1949

Registrar's No. 88

Registration District No. 2793

Primary Registration District No. 3051

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

1. PLACE OF DEATH:
 (a) County Perry
 (b) City or town Perryville Mo.
 (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 38-11-20 (Specify whether
 In this community 38-11-20 years, months or days)

3. (a) PRINT FULL NAME Lydia N. Henander
 3. (b) If veteran, name war: _____ 3. (c) Social Security No. None

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Married
 6. (b) Name of husband or wife Elon Henander 6. (c) Age of husband or wife if alive 41 years
 7. Birth date of deceased: December 24 1909
 (Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
38 11 20 hr. min.

9. Birthplace: Cape Girardeau Co. Mo. (City, town, or county) (State or foreign country)

10. Usual occupation House Wife

11. Industry or business: _____

MOTHER FATHER
 12. Name William H. Klause
 13. Birthplace Cape Girardeau Co. Mo. (City, town, or county) (State or foreign country)
 14. Maiden name Bertha Moeller
 15. Birthplace Cape Girardeau Co. Mo. (City, town, or county) (State or foreign country)

16. (a) Informant Elon Henander
 (b) Address Perryville Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 12-16-1948 (Month) (Day) (Year)
 (c) Place: burial or cremation Perryville Mo.

18. (a) Signature of funeral director Young & Sons
 (b) Address Perryville Mo.

19. (a) 12-16-48 (Date received local registrar) (b) Joel J. Zollner (Registrar's signature) (Date)

2. USUAL RESIDENCE OF DECEASED:
 (a) State Missouri (b) County Perry 79
 (c) City or town Perryville Mo. (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: _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month December 14
 year 1948 day _____ hour 9 minute 23 A. M.

21. I hereby certify that I attended the deceased from March 24 1947 to Dec 14 1948
 that I last saw HER alive on Dec 13 1948
 and that death occurred on the date and hour stated above.

Immediate cause of death: Carcinoma - Metastatic Duration 5 yrs.

Due to Adeno-Carcinoma of ovary 7 yrs.

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

Major findings: Of operations: X Of autopsy: 490
 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) (c) Means of injury 0

23. Signature O A Carron (M. D. or other) _____
 Address Perryville Mo Date signed 12-17-48

RECEIVED

Health Officer No. 4
Number 149-16
1-3-49

3761 = RVP

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 Wallace Young

Licensed Embalmer No. 4027

P. O. Address Perryville

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.