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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED JUN 10 1943
In Summer

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

21174

State File No. _____

Registration District No. 77

Primary Registration District No. 3016

Registrar's No. 109

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:
R.F.D.#4, Jefferson City, Mo
(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 Cole 26

(c) City or town Jefferson City 5
(If outside city or town limits, write "RURAL") 4

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

(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____ 0

3. (a) PRINT FULL NAME Mrs. Thenia Bolton McHenry

3. (b) If veteran, name war _____

3. (c) Social Security No. _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 19
year 1943 hour 9 minute 15 AM.

21. I hereby certify that I attended the deceased from March 5th, 1943 to May 18, 1943
that I last saw her alive on May 18, 1943
and that death occurred on the date and hour stated above.

4. Sex Female

5. Color or race White

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

6. (b) Name of husband or wife S. Houck McHenry alive _____ years

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

7. Birth date of deceased February 15, 1868
(Month) (Day) (Year)

Immediate cause of death Pneumonia (Inter)
Duration 2 1/2 days

8. AGE:	Years	Months	Days	If less than one day
	<u>75</u>	<u>3</u>	<u>4</u>	_____ hr. _____ min.

Due to long illness in bed and senility

Due to _____

Other conditions Age
(Include pregnancy within 3 months of death)

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

10. Usual occupation Housewife & Pres. Teler Co.

11. Industry or business _____

MOTHER FATHER { 12. Name Waller Bolton, Jr.

{ 13. Birthplace Cole County, Mo
(City, town, or county) (State or foreign country)

{ 14. Maiden name Martha Eliza Foster

{ 15. Birthplace Callaway County, Mo
(City, town, or county) (State or foreign country)

Major findings: _____

Of operations _____

Of autopsy _____

PHYSICIAN _____

Underline the cause to which death should be charged statistically.

16. (a) Informant Walla B McHenry

(b) Address Jefferson City, Missouri

17. (a) Burial (b) Date thereof May-21-1943
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation River View Cemetery

18. (a) Signature of funeral director Thos J Gordon

(b) Address Jefferson City, Missouri

19. (a) 5-24-43 (b) Thos J Gordon
(Date received local registrar) (Registrar's signature)

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) _____

(b) Date of occurrence May 19/43

(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 _____

23. Signature J.S. Summer (M. D. or other) _____

Address Jefferson City, Mo Date signed 5-22-43

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

AUG 25 1940

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.....

Licensed Embalmer No. *4096*

P. O. Address..... *Jefferson City*

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.