S. No. 2
OM—2-43
v. 5-17-39
I X35697

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED MAR 1 1946

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 4444

Registration District No. 1 Primary Registration District No. 3000 Registrar's No. 25

1. PLACE OF DEATH:
(a) County Adair
(b) City or town Kirksville, Mo.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Community Nursing Home
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution Hospital 4 (Specify whether years, months or days)
In this community 5 mos 5 days

2. USUAL RESIDENCE OF DECEASED:
(a) State Mo (b) County Pike
(c) City or town Curryville
(If outside city or town limits, write "RURAL")
(d) Street No. (If rural, give location) 1
(e) Citizen of foreign country? Mo (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME E. W. Henderson
3. (b) If veteran, name war None
3. (c) Social Security No. None
4. Sex Male
5. Color or race White
6. (a) Single, widowed, married, divorced Widowed
6. (b) Name of husband or wife Lucinda Henderson
6. (c) Age of husband or wife if alive years
7. Birth date of deceased April (Month) 6 (Day) 1860 (Year)

8. AGE: Years 85 Months 8 Days 23 If less than one day hr. min.

9. Birthplace Bedford Co (City, town, or county) Va (State or foreign country)
10. Usual occupation Farmer
11. Industry or business
MOTHER FATHER
12. Name Richard Henderson
13. Birthplace Virginia (City, town, or county) (State or foreign country)
14. Maiden name Emma Martin
15. Birthplace Bedford Co (City, town, or county) Va. (State or foreign country)
16. (a) Informant George A. Henderson
(b) Address Curryville, Mo
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Jan 1-1946 (Month) (Day) (Year)
(c) Place: burial or cremation Curryville Mo
18. (a) Signature of funeral director Grady Bankhead
(b) Address Bowling Green, Mo
19. (a) 1-21-46 (Date received local registrar) (b) Kate Lambert (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec day 30 year 1945 hour 7 minute 15 A.M.

21. I hereby certify that I attended the deceased from June 24, 1945 to Dec. 30, 1945 that I last saw him alive on Dec 30, 1945 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Hypostatic Pneumonia	hours
Due to Senile Dementia	mos
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 Geo. F. Klaucam (M. D. or other) M.D.
Address Kirksville, Mo Date signed 12-30-45

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 10
District File Number 2-46-330
Date Filed FEB-2-8-1946

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: D E Riley

Licensed Embalmer No. 4181

P. O. Address. Kirkville W

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.