

# THE DIVISION OF HEALTH OF MISSOURI STANDARD CERTIFICATE OF DEATH

State File No. **22220**

BIRTH NO. **45305-46** REG. DIST. NO. **324** PRIMARY REG. DIST. NO. **3072** Registrar's No. **134**

1. PLACE OF DEATH a. COUNTY <b>Saline</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Missouri</b> b. COUNTY <b>Saline</b>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Marshall</b>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Marshall</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>548 South Lincoln</b>		d. STREET ADDRESS (If rural, give location) <b>548 South Lincoln</b>	

3. NAME OF DECEASED (Type or Print) <b>George Ella Henderson</b>			4. DATE OF DEATH (Month) (Day) (Year) <b>June 30 49</b>		
5. SEX <b>Male</b>	6. COLOR OR RACE <b>Negro</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Infant</b>	8. DATE OF BIRTH <b>July 17, 1948</b>		9. AGE (In years, last birthday) <b>II 13</b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>none</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>none</b>	11. BIRTHPLACE (State or foreign country) <b>Marshall, Mo</b>		12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>

13a. FATHER'S NAME <b>Howard Henderson</b>	13b. MOTHER'S MAIDEN NAME <b>Neveda Shannon</b>	14. NAME OF HUSBAND OR WIFE <b>None</b>
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>no</b>		16. SOCIAL SECURITY NO. <b>none</b>
17. INFORMANT'S SIGNATURE OR NAME ADDRESS <b>Mrs. Neveda Henderson, Marshall, Mo.</b>		

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Bronchial pneumonia</b>		INTERVAL BETWEEN ONSET AND DEATH <b>2 weeks</b>
		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.  DUE TO (b) _____  DUE TO (c) _____		
		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		<b>490X</b>
19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION			20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>

21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. CITY, TOWN, OR TOWNSHIP (COUNTY) (STATE) <b>Marshall Saline Mo</b>
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from **June 20, 1949**, to **June 30, 1949**, that I last saw the deceased alive on **June 20, 1949**, and that death occurred at **4:15 P.m.**, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <b>William M.D.</b>	23b. ADDRESS <b>Marshall, Mo.</b>	23c. DATE SIGNED <b>7-1-49</b>
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	24b. DATE <b>July 2, 49</b>	24c. NAME OF CEMETERY OR CREMATORY <b>Fairview Cemetery</b>
		24d. LOCATION (City, town, or county) (State) <b>Marshall, Mo.</b>

DATE REC'D BY LOCAL REG. <b>July 2-1949</b>	REGISTRAR'S SIGNATURE <b>Sidney F. Gray</b>	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <b>Green &amp; Sons, Marshall, Mo.</b>
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(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED JUL 5

District Health Officer No. 6,

District File Number

Date Filed 7-8-49

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

Student Embalmer No.

working under my personal supervision.

Student .....  
Student Embalmer

Signed

Licensed Embalmer No. 4220

P. O. Address Marshall 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.