

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

3686
Do not use this space.

1. PLACE OF DEATH
 (a) County Peru Registration District No. 660
 (b) Township Delaware Saline Primary Registration District No. 5875a
 (c) Peru Street No. _____ (If death occurred in Hospital or Institution, write its name instead of street and number) St. _____
 (e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. da.

2. PRINT FULL NAME Willard T. Henderson 536
 (a) Residence, No. _____ St. (If nonresident, give city or town and State)
 (Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male
 4. COLOR OR RACE White
 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Celia Henderson
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) March 31-1884
 7. AGE YEARS 53 MONTHS 10 DAYS 7 If LESS than 1 day, _____ hrs. or _____ min.
 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. _____
 9. Industry or business in which work was done, as saw mill, bank, etc. Farmer
 10. Date deceased last worked at this occupation (month and year) _____ 11. Total time (years) spent in this occupation _____
 12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Peru Mo
 13. NAME Peter C. Henderson
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Peru Mo
 15. MAIDEN NAME Anna Wolford
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Peru Mo
 17. INFORMANT Celia Henderson
 (ADDRESS) Peru Mo
 18. BURIAL, CREMATION, OR REMOVAL PLACE Mount Hope DATE Feb 10 1938
 19. FUNERAL DIRECTOR Young & Sons
 (ADDRESS) Peruville Mo.
 20. FILED Feb 9 1938 Joe Joellner Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb 8 1938
 22. I HEREBY CERTIFY, That I attended deceased from Jan 15 1938, to Feb 8 1938
 I last saw him alive on Feb 7 1938 Death is said to have occurred on the date stated above, at 10:25 P.m.
 The principal cause of death and related causes of importance were as follows:
Coronary of Stomach
 Date of onset 8 months
 Other contributory causes of importance: _____
 Name of operation _____ Date of _____
 What test confirmed diagnosis? _____ Was there an autopsy? _____
 23. If death was due to external causes (violence), fill in also the following:
 Accident, suicide, or homicide? _____ Date of injury _____, 19____
 Where did injury occur? _____ (Specify city or town, county, and State)
 Specify whether injury occurred in industry, in home, or in public place. _____
 Manner of injury _____
 Nature of injury _____
 24. Was disease or injury in any way related to occupation of deceased? _____
 If so, specify Oscar A. Carson (Signed) _____, M. D.
 (Address) Peruville, Mo.

CAUSE OF DEATH IN plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

RECEIVED

FEB 28 1938

BUREAU OF VITAL STATISTICS
MO. STATE BOARD OF HEALTH

STATEMENT BY LICENSED EMBALMER

I, Edward C. Young, Licensed Embalmer No. 2138

hereby certify that the body recorded on the reverse side of this certificate was embalmed by Edward C. Young

Edward C. Young L. E.
No. 2138 or by _____, Registered Apprentice No. _____

working under my personal supervision.

Signed Edward C. Young
Licensed Embalmer No. 2138

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)