

REC'D JUN 20 1938

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

18660

Do not use this space.

1. PLACE OF DEATH

(a) County Laclede Registration District No. 576 245
(b) Township Gasconade Primary Registration District No. 5619
(c) City Nebo, Mo. (d) Street No. R. F. D. Registered No. 6
(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. ds.

2. PRINT FULL NAME

(a) Residence, No. Laura Ann Henderson 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

MEDICAL CERTIFICATE OF DEATH

3. SEX Female 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 John L. Henderson

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Feb. 21 - 1868

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
70 3 10

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Housewife
9. Industry or business in which work was done, as saw mill, bank, etc. Own Home
10. Date deceased last worked at this occupation (month and year) May - 1938 11. Total time (years) spent in this occupation Life

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Nebo Mo.FATHER 13. NAME William Henry Nelson14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Nebo Mo.MOTHER 15. MAIDEN NAME Lottie Casey Nelson16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Nebo Mo.17. INFORMANT E. R. Nelson (ADDRESS) Nebo, Mo.18. BURIAL, CREMATION, OR REMOVAL PLACE Casey Cemetery DATE June 2 193819. FUNERAL DIRECTOR (ADDRESS) Palmer Nebo Mo.20. FILED May 31, 1938 E. R. Nelson Local Registrar.21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 31 193822. I HEREBY CERTIFY, That I attended deceased from April 15 1938 to May 31 1938I last saw him alive on May 31 1938. Death is said to have occurred on the date stated above, at 12:30 P.M.

The principal cause of death and related causes of importance were as follows:

Angina PectorisDate of onset 5-27-38

Other contributory causes of importance:

acute gastritis with accompanying Esophagitis

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? No.

If so, specify.....

(Signed) Dr. Roland E. Gaston(Address) Nebo, Mo.

STATEMENT BY LICENSED EMBALMER

I, Robert Palmer, Licensed Embalmer No. 1161

hereby certify that the body recorded on the reverse side of this certificate was embalmed by me

..... L. E.

No. or by Registered Apprentice No.
working under my personal supervision.

Signed Robert Palmer
Licensed Embalmer No. 1161

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.)