

REC SEP 21 1938

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

28713
28313
Do not use this space.

1. PLACE OF DEATH

(a) County Cooper Registration District No. 218
(b) Township..... Primary Registration District No. 3015
(c) City Boonville, Missouri (d) Street No. 904 6th. Street Registered No. 74
(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.
(If death occurred in Hospital or Institution, write its name instead of street and number)

2. PRINT FULL NAME Ethelbert C. Henderson 531

(a) Residence, No. 904 6th. Street 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 Drucilla Henderson

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) June 2, 1872

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
66 2 14

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Private Police
9. Industry or business in which work was done, as saw mill, bank, etc. School Building
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) Illinois

FATHER 13. NAME John Henderson

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown

MOTHER 15. MAIDEN NAME Unknown

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown

17. INFORMANT Mrs. Ethelbert C. Henderson
(ADDRESS) 904 6th. Street Boonville

18. BURIAL, CREMATION, OR REMOVAL PLACE Walnut Grove DATE Aug. 18, 1938

19. FUNERAL DIRECTOR (NAME) (ADDRESS) L. J. Masters
Boonville, Mo.

20. FILED Aug 19 1938 DeSlooper Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) August 16, 1938

22. I HEREBY CERTIFY, That I attended deceased from June 10, 1920, to Aug 16, 1938
I last saw him alive on Aug 16, 1938 Death is said to have occurred on the date stated above, at 4.15 P.M.
The principal cause of death and related causes of importance were as follows:

Carcinoma of Stomach (cardia)
Date of onset 4-6-38

Other contributory causes of importance: Severe secondary anemia

Name of operation Explectomy Date of July 17
What test confirmed diagnosis? Biopsy Was there an autopsy? no

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 None
(Signed) Allen Ransom, M. D.

197 (Address) Boonville, Mo.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

RECEIVED
District Health Officer No. 8,
District File Number *11/17/38*
Date Filed

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, *L. J. Meier*,
....., or by

Registered Apprentice No., working under my personal supervision.

Signed *L. J. Meier*
.....
Licensed Embalmer No. *# 2737*
P. O. Address *Boonville Pa*

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, above space should be left blank.