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.

74
9
2

CSC NOV 14 1938

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

36403
Do not use this space.

1. PLACE OF DEATH
(a) County Nodaway
(b) Township
(c) City Maryville
(d) Street No. , St.
(If death occurred in Hospital or Institution, write its name instead of street and number)
(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.

Registration District No. 623
Primary Registration District No. 3031
Registered No. 105

536

2. PRINT FULL NAME Effie Alice Henderson
(a) Residence, No. St. Francis Hospital St. Barnard, Mo.
(Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: F
4. COLOR OR RACE: W
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word): Single

5A. IF MARRIED, WIDOWED, OR DIVORCED
HUSBAND OF
(OR) WIFE OF

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Dec. 25, 1883

7. AGE: Years 54 | Months 9 | Days 18 | If LESS than 1 day, hrs. or min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Grade School Teacher
9. Industry or business in which work was done, as saw mill, bank, etc.
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) Nodaway County Mo. 6

FATHER
13. NAME John T. Henderson 0
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Clinton Co. Mo. 1

MOTHER
15. MAIDEN NAME Ella E. Anders
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ohio

17. INFORMANT (ADDRESS) Herbert L Henderson Barnard, Mo.

18. BURIAL, CREMATION, OR REMOVAL
PLACE ~~Graham Mo.~~ DATE ~~Oct. 16~~ 1938

19. FUNERAL DIRECTOR (NAME) (ADDRESS) Price Funeral Home Maryville, Mo.

20. FILED Oct 16 1938 Mamie E Clardy Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Oct. 13. 1938, 19

22. I HEREBY CERTIFY, That I attended deceased from June, 1938, to Oct 13, 1938
I last saw him alive on Oct 12, 1938. Death is said to have occurred on the date stated above, at 7A. m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of Ovary with mets	
49	

Other contributory causes of importance:
(Grade Clinic)

Benign of Ovary
Name of operation None Date of June 1937
What test confirmed diagnosis? None 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
(Signed) J. C. Bleamer, M. D.
(Address) Maryville Mo.
536

(Licensed Embalmer's Statement on Reverse Side)

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, John W. Pr

....., or by .....

Registered Apprentice No....., working under my personal supervision.

Signed John W. Price

Licensed Embalmer No. 3229.

P. O. Address.....

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

If this body is not embalmed, above space should be left blank.