

181 NOV 18 1938

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

36958
Do not use this space.

1. PLACE OF DEATH

(a) County Scott Registration District No. 821
(b) Township Highland Primary Registration District No. 1523
(c) City Sikeston (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.

2. PRINT FULL NAME

William Rex Henderson
(a) Residence, No. 522 E. Gladys, Sikeston, Mo. 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 Kletia Henderson

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) March 15, 1906

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
32 7 25

OCCUPATION 8. Trade, profession, or particular kind of work done, as a lawyer, bookkeeper, etc. Store keeper
9. Industry or business in which work was done, as saw mill, bank, etc. Grocery
10. Date deceased last worked at this occupation (month and year) 1/7/38 11. Total time (years) spent in this occupation 15

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Burfordsville, Mo.

FATHER 13. NAME Perry Henderson
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Millersville, Mo.

MOTHER 15. MAIDEN NAME Lula Wilkinson
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Millersville, Mo

17. INFORMANT Klatia Henderson
(ADDRESS) Cape Girardeau, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Cape Girardeau, Mo. DATE Nov, 13 1938

19. FUNERAL DIRECTOR (NAME) ARDEN ELLISE
(ADDRESS) Sikeston, Mo.

20. FILED 11-12 1938 W. A. Buswell
Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 11/10 1938

22. I HEREBY CERTIFY, That I attended deceased from _____, 19____, to _____, 19____
I last saw h. _____ alive on _____, 19____. Death is said to have occurred on the date stated above, at 2:00 A.M. Approximately
The principal cause of death and related causes of importance were as follows:

Accidental Suffocation.
(Exhaustion of oxygen in auto in which a charcoal burner had been placed for heating purposes while sleeping.)
Other contributory causes of importance:

Name of operation _____ Date of _____
What test confirmed diagnosis? Examination 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? _____
If so, specify _____
(Signed) John P. Hummel Jr.
Charleson, Missouri
Coroner of Scott County 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.

JUL 24 1946

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, Nov, 10, 19

....., or by

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

Signed Arden Ellis

Licensed Embalmer No. 3869

P. O. Address Sikeston, 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, above space should be left blank.