REC'D APR 10 1939

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

10016
Do not use this space.

1. PLACE OF DEATH
(a) County Boone — Registration District No. 73
(b) Township or (c) City Columbia — Primary Registration District No. 3006 — Registered No. 66
(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.

10 3 4

2. PRINT FULL NAME 53½ EVALEE HENDERSON
(a) Residence, No. 305 N. 5th St.
(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: Female
4. COLOR OR RACE: Negro
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): Married
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: Sylvester Henderson
6. DATE OF BIRTH (MONTH, DAY, AND YEAR): 11-6-1886
7. AGE: Years 52 — Months 4 — Days 10 — If LESS than 1 day, ...hrs. or ....min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.: Cook
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): Dec. 1938
11. Total time (years) spent in this occupation:

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTY): Columbia, Missouri

FATHER
13. NAME: John Homesly
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTY): Don't Know

MOTHER
15. MAIDEN NAME: Anna Cook
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTY): Columbia, Missouri

17. INFORMANT (ADDRESS): Maud Homesly, Columbia Missouri
18. BURIAL, CREMATION, OR REMOVAL — PLACE: Calvary Cemetery DATE: 3-20-1939
19. FUNERAL DIRECTOR (NAME) (ADDRESS): Otis H. Parker, Columbia Missouri
20. FILED: 3/18/1939 Allie Selby, Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): March 16, 1939
22. I HEREBY CERTIFY, That I attended deceased from Dec 21, 1938, to March 16, 1939
I last saw her alive on March 16, 1939. Death is said to have occurred on the date stated above, at 8:30 p.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Nephritis	

Other contributory causes of importance: Syphilis 34

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
(Signed) O. A. Moore, M. D.
74 (Address) Columbia Mo.

(Licensed Embalmer's Statement on Reverse Side)

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.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

MARGIN RESERVED FOR BINDING

50M-9-1938 I X16605

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

....., Registered Apprentice No. .....,

working under my personal supervision.

Signed Stuart P. Parker

Licensed Embalmer No. 2900

P. O. Address Columbia, 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.