

No. 2  
1-10-39  
17

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

29345  
State File No. \_\_\_\_\_  
Registrar's No. 94

SEP 25 1940  
Registration District No. 677

Primary Registration District No. 4403

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH:

(a) County Phelps  
(b) City or town Rolla Mo.  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution: McFarland Hospital  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether  
In this community \_\_\_\_\_ years, months or days)

8. (a) PRINT FULL NAME Ida Deloris Henderson

8. (b) If veteran, name war \_\_\_\_\_ 8. (c) Social Security No. \_\_\_\_\_

4. Sex Female 5. Color or race white  
6. (a) Single, widowed, married, divorced \_\_\_\_\_

6. (b) Name of husband or wife \_\_\_\_\_ 6. (c) Age of husband or wife if alive \_\_\_\_\_ years

7. Birth date of deceased August 3 1877  
(Month) (Day) (Year)

8. AGE: Years 3 Months \_\_\_\_\_ Days 2 If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

9. Birthplace Crocker Mo. O  
(City, town, or county) (State or foreign country)

10. Usual occupation \_\_\_\_\_

11. Industry or business \_\_\_\_\_

MOTHER FATHER { 12. Name Gerald Allen Henderson  
13. Birthplace Crocker Mo O  
(City, town, or county) (State or foreign country)  
14. Maiden name Geldie Thelma Bartlett  
15. Birthplace Crocker Mo O  
(City, town, or county) (State or foreign country)

16. (a) Informant Mother, Mrs. Hattie Henderson  
(b) Address Crocker, Mo.

17. (a) burial (b) Date thereof Aug 5 1940  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: burial or cremation Leacock, Mo

18. (a) Signature of funeral director J. H. Hoops & Sons  
(b) Address CROCKER, Mo.

19. (a) Aug 5 1940 (b) Joe F. Myers  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Phelps  
(c) City or town Crocker  
(If outside city or town limits, write "RURAL")  
(d) Street No. Mo  
(If rural, give location)  
(e) If foreign born, how long in U. S. A.? \_\_\_\_\_ years

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month August day 5  
year 1940 hour 7 minute 45 A.M.

21. I hereby certify that I attended the deceased from August 4, 1940, to August 5, 1940  
that I last saw her alive on August 5, 1940  
and that death occurred on the date and hour stated above.

Immediate cause of death Acute Appendicitis Duration \_\_\_\_\_  
Due to \_\_\_\_\_

Due to General peritonitis  
Other conditions Appendix ruptured  
(Include pregnancy within 6 months of death)

Major findings: Of operations \_\_\_\_\_ Of autopsy 1/21  
PHYSICIAN \_\_\_\_\_ Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) \_\_\_\_\_  
(b) Date of occurrence \_\_\_\_\_  
(c) Where did injury occur? \_\_\_\_\_ (City or town) (County) (State)  
(d) Did injury occur in or about home, on farm, in industrial place, in public place? \_\_\_\_\_  
While at work \_\_\_\_\_ (Specify type of place) (or) Means of injury \_\_\_\_\_  
23. Signature Joe F. Myers (M. D. or other) \_\_\_\_\_  
Address \_\_\_\_\_ Date signed \_\_\_\_\_

RECEIVED

District Health Officer No. 5,

District File Number 240949

Date Filed \_\_\_\_\_

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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 \_\_\_\_\_

Licensed Embalmer No. \_\_\_\_\_

P. O. Address \_\_\_\_\_

**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.**