

REC JAN 17 1940
Registration District No. 20

Primary Registration District No. 5574

Registrar's No. 88

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

1. PLACE OF DEATH:

(a) County. Jefferson
(b) City or town. Rural
(c) Name of hospital or institution:
Rural Route No. 25
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution None
(Specify whether
In this community. 17 Days
years, months or days) 2

2. USUAL RESIDENCE OF DECEASED:

(a) State. Missouri (b) County. Jefferson
(c) City or town. Rural
(If outside city or town limits, write "RURAL")
(d) Street No. Route No. 2.
(If rural, give location)
(e) If foreign born, how long in U. S. A. ? _____ years.

3. (a) PRINT FULL NAME. JOYCE ANNE HENDERSON

3. (b) If veteran, name war. _____ 3. (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. Infant 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased. Dec. 7, 1940
(Month) (Day) (Year)

8. AGE: Years _____ Months _____ Days 17 If less than one day _____ hr. _____ min.

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

10. Usual occupation. Infant

11. Industry or business _____

12. Name. Buford T. Henderson
13. Birthplace. Water Vally Miss.
(City, town, or county) (State or foreign country)

14. Maiden name. R. Alice Jarkin
15. Birthplace. Jefferson Co. Mo.
(City, town, or county) (State or foreign country)

16. (a) Informant. Mrs Buford Henderson
(b) Address. RR#2 DeSoto Mo

17. (a) Burial (b) Date thereof. Dec. 26,
(Burial, cremation, or removal) DeSoto (Month) (Day) (Year)
(c) Place: burial or cremation.

18. (a) Signature of funeral director. Lee Mothershead

(b) Address. DeSoto Mo.

19. (a) 1-9-41 (b) Geneva Danell
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec. day 24
year 1940 hour 11 minute 30A.M.

21. I hereby certify that I attended the deceased from Dec. 7 1940 to Dec. 24 1940
that I last saw her alive on Dec. 24 1940
and that death occurred on the date and hour stated above.

Immediate cause of death. Hemorrhagic disease of newborn
Duration 7 days

Due to _____
Due to _____
Other conditions. (Include pregnancy within 3 months of death) _____

PHYSICIAN
Major findings: _____
Of operations. _____
Of autopsy. _____
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) No
(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?
381 (Specify type of place) _____
While at work? _____ (e) Means of injury. _____

23. Signature Nov. M. M. M. M. (M. D. or other) _____
Address DeSoto, Mo. Date signed 12/25/40

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 _____

J. E. Mothershead

Licensed Embalmer No. 3531

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.