

Registration District No. 85 Primary Registration District No. 1001 State File No. _____ Registrar's No. 435

1. PLACE OF DEATH:
(a) County Buchanan
(b) City or town St. Joseph
(c) Name of hospital or institution:
2528 S. 10th Street.
(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 9 years.
years, months or days)

3. (a) PRINT FULL NAME Minnie Bell Henderson
3. (b) If veteran, name war None
3. (c) Social Security No. None

4. Sex Female 5. Color or race White
6. (a) Single, widowed, married, divorced. Married
6. (b) Name of husband or wife John T. Henderson
6. (c) Age of husband or wife if alive 54 yrs. years
7. Birth date of deceased. June 3 1888
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>52</u>	<u>10</u>	<u>14</u>hr.min.

9. Birthplace Lawrence Kansas
(City, town, or county) (State or foreign country)

10. Usual occupation At home

11. Industry or business _____

MOTHER FATHER { 12. Name Asher Bell
13. Birthplace Unknown Unknown
(City, town, or county) (State or foreign country)
14. Maiden name Josie Toole
15. Birthplace Unknown Unknown
(City, town, or county) (State or foreign country)

16. (a) Informant John T. Henderson Jr.
(b) Address 2528 S. 10th Str. St. Joseph, Mo.

17. (a) Burial (b) Date thereof 4/19/41
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Ashland Cemetery

18. (a) Signature of funeral director Herman W. Debusch
(b) Address 1802 Union Str. St. Joseph, Mo.

19. (a) 4/21/41 (b) W. Middlebush
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Buchanan
(c) City or town St. Joseph
(If outside city or town limits, write "RURAL")
(d) Street No. 2528 S. 10th St.
(If rural, give location)
(e) If foreign born, how long in U. S. A.? 0 years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 17th
year 1941 hour 10 minute 00 A. M.
21. I hereby certify that I attended the deceased from Feb. 15
1941, to Apr 1 1941;
that I last saw her alive on Apr 1 1941;
and that death occurred on the date and hour stated above.

Immediate cause of death Met Carcinoma of lungs - apical left
Due to Carcinoma of Cerv. uteri 1939
Due to cleaved uteri
Other conditions 480
(Include pregnancy within 3 months of death)

Duration Feb. 15/41
PHYSICIAN _____
Underline the cause to which death should be charged statistically.

Major findings: Of operations _____
Of autopsy None

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? _____

23. Signature 85 (Specify type of place) _____
While at work? _____ (e) Means of injury _____
Signature Frank H. Hogue (M. D. or other) B.M.D.
Address Empalme Bldg. ST. JOSEPH Date signed 4/19/41

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

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..... *Alex E. Hodges*
Licensed Embalmer No. *2729*
P. O. Address..... *St. Joseph, 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, fact should be so stated above.