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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

# STANDARD CERTIFICATE OF DEATH

State File No. 6

Registration District No. 663 Primary Registration District No. 5881 Registrar's No.

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

**1. PLACE OF DEATH:**

(a) County Perry

(b) City or town Rural St. Marys
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution (Specify whether
In this community 83-5-5 years, months or days)

**2. USUAL RESIDENCE OF DECEASED:** 79

(a) State Missouri (b) County Perry

(c) City or town Rural
(If outside city or town limits, write "RURAL")

(d) Street No.
(If rural, give location)

(e) If foreign born, how long in U. S. A.? 0 years.

3. (a) PRINT FULL NAME Thomas Jefferson Henderson

3. (b) If veteran, name war

3. (c) Social Security No. None

4. Sex Male 0

5. Color or race White

6. (a) Single, widowed, married, divorced Widowed 2

6. (b) Name of husband or wife Delia Henderson

6. (c) Age of husband or wife if alive years

7. Birth date of deceased Sept. (Month) 8 (Day) 1857 (Year)

8. AGE: Years 83 Months 5 Days 5 If less than one day hr. min.

9. Birthplace Perry co. (City, town, or county) Missouri (State or foreign country)

10. Usual occupation Farmer

11. Industry or business

FATHER
12. Name James henderson
13. Birthplace (City, town, or county) Tenn. (State or foreign country)

MOTHER
14. Maiden name Bloom
15. Birthplace (City, town, or county) Tenn. (State or foreign country)

16. (a) Informant Jesse White
(b) Address Yount Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Feb. 15 1941 (Month) (Day) (Year)
(c) Place: burial or cremation Yount Mo.

18. (a) Signature of funeral director Young + Sons
(b) Address Perryville Mo.

19. (a) 2-14-41 (Date received local registrar) (b) J. William Geile (Registrar's signature)

**MEDICAL CERTIFICATION**

20. DATE OF DEATH: Month Feb. day 13 year 1941 hour 4 minute 15 A.M.

21. I hereby certify that I attended the deceased from Feb. 1 1941 to Feb. 13, 1941, to , 19 ; that I last saw him alive on Feb. 11, 1941; and that death occurred on the date and hour stated above.

| | Duration |
|---|---|
| Immediate cause of death Cardiac Stenosis Stenosis | |
| Due to Stenosis (Senility) | |
| Due to Bronchial Pneumonia | 6 days |
| Other conditions (Include pregnancy within 3 months of death) | |
| Major findings: Of operations | |
| Of autopsy | |

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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? (Specify type of place)
While at work? (e) Means of injury

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23. Signature Geo. A. Blaydock (M. D. ~~or other~~)
Address Perryville Mo. Date signed 2/14/41

(Licensed Embalmer's Statement on Reverse Side)

## 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 Wallace Young

Licensed Embalmer No. 7027

P. O. Address Perryville Mo.

**Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply wi the above constitutes grounds for revocation of license.)**

**If this body is not embalmed, fact should be so stated above.**