

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

FILED SEP 10 1941

State File No. _____

Registration District No. 213

Primary Registration District No. 2014

Registrar's No. 225

1. PLACE OF DEATH:

(a) County Cole

(b) City or town Jefferson City, Mo.
(If outside city or town limits, write "RURAL" and name of township)

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

(d) Length of stay: In hospital or institution _____
(Specify whether

In this community 15 Years 1
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Cole 0-6

(c) City or town Jefferson City, Mo. 5/1
(If outside city or town limits, write "RURAL")

(d) Street No. 209 Daws on
(If rural, give location)

(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____ 0

3. (a) PRINT FULL NAME Elizabeth Henderson

3. (b) If veteran, name war None

3. (c) Social Security No. None

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month August day 2,
year 1941 hour 9 minute 35P M.

4. Sex Female 5. Color or race White

6. (a) Name of husband or wife Charles Henderson
6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased April 10, 1860
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from July 20, 1941, to Aug 2, 1941,
that I last saw her alive on Aug 2, 1941,
and that death occurred on the date and hour stated above.

Immediate cause of death _____

8. AGE:

Years	Months	Days	If less than one day
<u>81</u>	<u>3</u>	<u>22</u>	hr. _____ min.

Due to Lobar pneumonia

Due to _____

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

Major findings:
Of operations _____

Of autopsy _____

9. Birthplace Providence Ind.
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business _____

MOTHER FATHER { 12. Name Hugh Spence

13. Birthplace Ireland
(City, town, or county) (State or foreign country)

14. Maiden name Unknown

15. Birthplace Unknown
(City, town, or county) (State or foreign country)

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? _____

16. (a) Informant Mrs. Stanley Wright

(b) Address Jefferson City, Mo.

17. (a) Burial (b) Date thereof 8/5/41
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Riverview Cemetery

18. (a) Signature of funeral director John F. Hain

(b) Address Jefferson City, Mo.

19. (a) 8/7/41 (b) Subs. J. M. D.
(Date received local registrar) (Registrar's signature)

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

23. Signature M. P. Deardorff (M. D. _____) 8/5/41

Address Jefferson City, Mo. Date signed _____

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.....

Robert Dulle Registered Apprentice No. *292*
working under my personal supervision.

Signed *J. F. Heimbach*

Licensed Embalmer No. *36555*

P. O. Address *Jefferson Unit,*

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

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