No. 2
—1-4-41
5-17-39
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 35779

FILED NOV 7 1949
Registration District No. 8

Primary Registration District No. 3033

Registrar's No.

1. PLACE OF DEATH:
(a) County: Pike
(b) City or town: Louisiana City
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: at home
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution (Specify whether years, months or days)
In this community

2. USUAL RESIDENCE OF DECEASED:
(a) State: Mo (b) County: Pike 82
(c) City or town: Louisiana 2
(If outside city or town limits, write "RURAL")
(d) Street No.: 515 Douglas St 1
(If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME: John White HENDERSON
3. (b) If veteran, name war: No
3. (c) Social Security No.: No
4. Sex: Male
5. Color or race: White
6. (a) Single, widowed, married, divorced: Widow
6. (b) Name of husband or wife: Matilde Graves
6. (c) Age of husband or wife if alive years
7. Birth date of deceased: 2-15 1859 (Month) (Day) (Year)

8. AGE: Years 82 Months 7 Days 13 If less than one day hr. min.

9. Birthplace: Pike Co. Mo (City, town, or county) (State or foreign country)
10. Usual occupation: Farmer
11. Industry or business:
FATHER 12. Name: Rufus Henderson
13. Birthplace: Raleigh N.C. (City, town, or county) (State or foreign country)
MOTHER 14. Maiden name: Sarah White
15. Birthplace: N.C. (City, town, or county) (State or foreign country)
16. (a) Informant: Eugene Henderson
(b) Address: 515 Douglas St, Louisiana Mo
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 10-9-44 (Month) (Day) (Year)
(c) Place: burial or cremation: Riverview Cem
18. (a) Signature of funeral director: F O Tracy Jr
(b) Address: Louisiana Mo
19. (a) 10-8-44 (Date received by local registrar) (b) F O Tracy Jr (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct day 8 year 1941 hour 9 minute 00A M.
21. I hereby certify that I attended the deceased from 10-5 1941 to 10-8 1941 that I last saw him alive on 10-7 1941 and that death occurred on the date and hour stated above.

Immediate cause of death: Lobar Pneumonia
Due to: Senility / debility
Due to:
Other conditions (Include pregnancy within 3 months of death):
Major findings: Of operations: 104
Of autopsy:

Duration

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:
23. Signature: J M Kanoon M.D. (M. D. or other)
Address: Louisiana Mo Date signed 10/8/44

6 26 (Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED
District Health Officer No. 10
District File Number 11-41-1976
Date Filed NOV 7 1941

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 George O. Wagner, Registered Apprentice No. ..... working under my personal supervision.

Signed George O. Wagner

Licensed Embalmer No. 3772

P. O. Address Louisiana, 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.