

1. PLACE OF DEATH:

(a) County Monroe
(b) City or town Monroe City
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 602 N. Main St
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____
(Specify whether _____)
In this community 43 Years
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Monroe
(c) City or town Monroe City
(If outside city or town limits, write "RURAL")
(d) Street No. 602 N. Main St
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Anna Morehead 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 Widowed

6. (b) Name of husband or wife Jasper H.
6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased March 27 1854
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
87 8 15 hr. min.

9. Birthplace Monroe County Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation At Home

11. Industry or business _____

12. Name Gilmore Morehead

13. Birthplace D.K. Virginia
(City, town, or county) (State or foreign country)

14. Maiden name Martha Inrekle

15. Birthplace D.K. Kentucky
(City, town, or county) (State or foreign country)

16. (a) Informant L. C. Henderson

(b) Address Monroe City, Mo

17. (a) Burial (b) Date thereof Dec; 14, 1941
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation St. Judes Cemetary

18. (a) Signature of funeral director Wilson & Sons

(b) Address Monroe City, Mo

19. (a) 12/13/41 (b) [Signature]
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month December day 12
year 1941 hour 12 minute 20 P.M.

21. I hereby certify that I attended the deceased from July 12 1941 to DEC 12 1941
that I last saw her alive on DEC 12 1941
and that death occurred on the date and hour stated above.

Immediate cause of death: CEREBRAL HEMORRHAGE Duration 3 Da.

Due to 50
Due to _____

Other conditions: CARCINOMA OF BREAST 24 yrs
(Include pregnancy within 3 months of death)

Major findings: CARCINOMA of RT. Breast PHYSICIAN _____
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) ✓
(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 [Signature] (M. D. or other) ✓
Address Monroe City, Mo Date signed 12/13/41

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

RECEIVED
District Health Officer No. 10
District File Number 1-42-31
Date Filed JAN 9 1942

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 By me
....., Registered Apprentice No.
working under my personal supervision.

Signed Leslie L. Wilson
Licensed Embalmer No. 3014
P. O. Address Monroe City, 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.