

FILED MAY 20 1942

MISSOURI STATE BOARD OF HEALTH
 STANDARD CERTIFICATE OF DEATH

State File No. 15172

Registration District No. 668

Primary Registration District No. 3032

Registrar's No. 156

1. PLACE OF DEATH

(a) County Pettis
 (b) City or town Sedalia
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution: Bothwell Hospital
 (If not in hospital or institution, write street number and location)
 (d) Length of stay: In hospital or institution _____ (Specify whether)
 In this community _____ years, months or days

3. (a) PRINT FULL NAME MARVIN ROY HENDERSON

3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex Male 5. Color or race W 6. (a) Single, widowed, married, divorced ✓

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

7. Birth date of deceased Apr. 16 - 1942
 (Month) (Day) (Year)

8. AGE: Years _____ Months _____ Days _____ If less than one day X 55 hr. _____ min.

9. Birthplace Sedalia, Mo.
 (City, town, or county) (State or foreign country)

10. Usual occupation _____

11. Industry or business _____

12. Name Paul Henderson

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

14. Maiden name Epilyn Sward

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

16. (a) Informant Paul Henderson

(b) Address _____

17. (a) Burial (b) Date thereof 4-17-42
 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Otterville, Mo.

18. (a) Signature of funeral director L. F. Parker

(b) Address Otterville, Mo.

19. (a) 4/17/42 (b) Anna Berger
 (Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 16
 year 1942 hour 7 minute 55pm

21. I hereby certify that I attended the deceased from 4/16/42 (2PM) to 4/16
 that I last saw him alive on 4/16 1942
 and that death occurred on the date and hour stated above.

Immediate cause of death Prematurity (6 mos) Duration _____

Due to Toxemia of pregnancy

Due to _____

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

Major findings: Of operations _____

Of autopsy _____

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? _____

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

23. Signature J. W. Boyer (M. D. or other) _____
 Address Sedalia, Mo. Date 4/17/42

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

80
6
4

(5-11)

11

RECEIVED

District Health Officer No. 8,

District File Number.....

Date Filed 5-18-42.....

STATEMENT BY LICENSED EMBALMER^N

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.

no
Embalmer

Signed.....

Licensed Embalmer No.....

P. O. Address.....

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.