

No. 2
4-13-40
5-17-39
P-I X23159

15297

State File No.

FILED MAY 13 1942

Registration District No. 72

Primary Registration District No. 4433

Registrar's No.

1. PLACE OF DEATH:

(a) County Ralls

(b) City or town Perry, Missouri. 2nd
(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 64 Yrs
years, months or days

3. (a) PRINT FULL NAME Wm T. Henderson.

3. (b) If veteran, name war _____

3. (c) Social Security No. None.

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

6. (b) Name of husband or wife May Henderson. 6. (c) Age of husband or wife if alive 66 years

7. Birth date of deceased March, 8, 1874
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>68</u>	<u>1</u>	<u>1</u>	hr. _____ min. _____

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

10. Usual occupation Farmer.

11. Industry or business Farm.

12. Name Albert Henderson.

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

14. Maiden name Sarah Paige.

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

16. (a) Informant May Henderson.

(b) Address Perry, Missouri.

17. (a) Burial (b) Date thereof March, 11, 1942
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation South Fork Cemetery.

18. (a) Signature of funeral director Clayton C. Wisner

(b) Address Perry, Missouri.

19. (a) April, 10, 1942 (b) Mrs. Earl Parkerson
(Data received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri. (b) County Ralls, 87

(c) City or town Perry, Missouri.
(If outside city or town limits, write "RURAL")

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

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 9th, day April, year 1942 hour 8:00 minute P. M.

21. I hereby certify that I attended the deceased from Apr 5 - 42, 1942 to Apr 8, 1942 that I last saw him alive on Apr 7, 1942 and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral Thromboses / day

Due to arteriosclerosis embolism

Due to _____

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

Major findings: 836

Of operations _____

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? _____

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

23. Signature John E. Brown (M. D. XXX)
Address Perry, Missouri. Date signed 4-10-42

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

MOTHER FATHER

1150

RECEIVED

District Health Officer No. 10

District File Number 5-42-945

Date Filed MAY 12 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

....., Registered Apprentice No.

working under my personal supervision.

Signed

Clydes Wilbey

Licensed Embalmer No.

3820

P. O. Address

Perry, 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.