17435

U. S. No.
DM—1-4-
Rev. 5-17-3
I X26390

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 181

Registration District No. 1085 FILED JUN 18 1942

Primary Registration District No. 1001

Registrar's No. 524

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

1. PLACE OF DEATH:

(a) County Buchanan

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

(c) Name of hospital or institution: Mercy Hospital 0 (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 72 hours (Specify whether In this community 4 years years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Buchanan 11

(c) City or town St. Joseph 1 (If outside city or town limits, write "RURAL")

(d) Street No. 621 Dewey Ave., 7 (If rural, give location)

(e) Citizen of foreign country? No (Yes or No) 0

If yes, name country

3. (a) PRINT FULL NAME Herbert Henderson

3. (b) If veteran, name war No

3. (c) Social Security No.

4. Sex Male 0

5. Color or race White

6. (a) Single, widowed, married, divorced Married 1

6. (b) Name of husband or wife Colene

6. (c) Age of husband or wife if alive ~~27~~ 24 years

7. Birth date of deceased May (Month) 6 (Day) 1912 (Year)

8. AGE: Years 30 | Months 0 | Days 16 | If less than one day ___ hr. ___ min.

9. Birthplace Willowbrook, (City, town, or county) Missouri 0 (State or foreign country)

10. Usual occupation Candy Maker

11. Industry or business Chase candy company

MOTHER FATHER

12. Name George B. Henderson

13. Birthplace Converse (City, town, or county) Missouri 0 (State or foreign country)

14. Maiden name Cannie B. Flowers

15. Birthplace Sparta (City, town, or county) Missouri 0 (State or foreign country)

16. Informant Colene Henderson (Wife)

(b) Address 621 Dewey Ave., St. Joseph, Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 5/24/42 (Month) (Day) (Year)

(c) Place: burial or cremation Agency Cemetery

18. (a) Signature of funeral director John E. [illegible]

(b) Address 6054 Pryor Ave., City

19. (a) 5-24-42 (Date received local registrar) (b) Rose Herzog (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 22 year 1942 hour 12 minute 20 A.M.

21. I hereby certify that I attended the deceased from May 21st 1942 to May 22 1942 that I last saw him alive on May 21st 1942 and that death occurred on the date and hour stated above.

Immediate cause of death Intra cranial pressure + coma — Duration 2 weeks

Due to apparent brain Tumor — 2 yrs

Due to N.M.O.

Other conditions (Include pregnancy within 3 months of death) 5 7d

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? (Specify type of place)

While at work? (e) Means of injury

23. Signature Benjamin W. Riles (M. D. or other) D.O.

Address 6207 King Hill Date signed May 23, 1942

1233 (Licensed Embalmer's Statement on Reverse Side) St Joseph, Mo.

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

Myself, Registered Apprentice No.

working under my personal supervision.

Signed John E. Rufsh

Licensed Embalmer No. 3986

P. O. Address St. Joseph, Missouri

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

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

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS

State of Mo
County of Buchanan ss.

State File No.
Local Registrar's No.

AFFIDAVIT FOR CORRECTION OF A RECORD

On this 20th day of July, 194 2, before me appears Colene Henderson Widow of Herbert Henderson, who, upon her oath, states that the original record of ~~birth~~ death for Herbert Henderson ~~born~~ died May 22, 1942 in the State of Missouri, and which was filed at St. Joseph, Mo. on May 26, 1942 should be corrected as follows:

Item No. 6(C) should read 24 yrs

Instead of 27 yrs

Item No. should read

Instead of

Item No. should read

Instead of

Item No. should read

Instead of

Item No. should read

Instead of

Item No. should read

Instead of

Item No. should read

Instead of

Item No. should read

Instead of

The above is true to the best of my knowledge, information and belief.

(SEAL)

Affiant (Herbert) Mrs Colene Henderson - Wife
Relationship.

621 Newey Ave - St Joseph, Mo.
Present Address.

Subscribed and sworn to before me this 20th day of July, 194 2

My Commission expires 10-15-43

J. Harold Waggoner
Notary Public.

Affidavits containing erasures will not be accepted; draw one line through error and write above it.

Form V. S. 135
25M-1-15-42
I X31340

S-17435