

No. 2
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17-39
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
JUN 25 1942

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No.

Registration District No. 471

Primary Registration District No. 5634

Registrar's No. 68

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

1. PLACE OF DEATH:

(a) County Lawrence

(b) City or town Rural - Herb- Switch ^{Monett}
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: 1 none Pellic Staff
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution _____ (Specify whether)

In this community _____
years, months or days

2. USUAL RESIDENCE OF DECEASED: 999

(a) State _____ (b) County 24

(c) City or town _____ (If outside city or town limits, write "RURAL") 0

(d) Street No. _____ (If rural, give location)

(e) Citizen of foreign country? _____ (Yes or No) 2

If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 19
year 1942 hour _____ minute _____ M.

21. I hereby certify that I attended the deceased from _____ 19____ to _____ 19____;
that I last saw h_____ alive on _____ 19____;
and that death occurred on the date and hour stated above.

Immediate cause of death _____ Duration _____

Accidentally killed by train
Due to train while trespassing
on train property

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

Major findings: _____
Of operations _____ 169-8
Of autopsy _____ 169-8

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) accident 055

(b) Date of occurrence May 19, 1942

(c) Where did injury occur? East of Monett Lawrence Mo
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place?
On train Rail Road track Herb Switch
(Specify type of place) (e) Means of injury Broken neck

While at work? _____

23. Signature Edwin Wilks (M. D. or other) _____
Address Greene City Mo Date signed 5/19/42

3. (a) PRINT FULL NAME William Jennings Henderson

3. (b) If veteran, name war none

3. (c) Social Security No. 464-28418

4. Sex Male 5. Color or race W

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

6. (b) Name of husband or wife none 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased: November 1 1907
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day

34 6 18 hr. _____ min.

9. Birthplace Stigler Oklahoma
(City, town, or county) (State or foreign country)

10. Usual occupation none

11. Industry or business none

MOTHER FATHER { 12. Name Pedro Henderson

13. Birthplace Itawamba Co. Mississippi
(City, town, or county) (State or foreign country)

14. Maiden name Aula Ferrar

15. Birthplace Itawamba Co. Mississippi
(City, town, or county) (State or foreign country)

16. (a) Informant Nat Henderson

(b) Address Stigler Oklahoma

17. (a) Burial (b) Date thereof 5 20 1942
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation 206 Cemetery Monett Mo
Callaway

18. (a) Signature of funeral director _____

(b) Address Monett, Mo

19. (a) JUNE 11-1942 (b) Ennis Krueger
(Date received local registrar) (Registrar's signature)

1156

RECEIVED
District Health Officer No. 6,
District File Number 642-879
Date Filed JUN 23 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.....

J. P. Buchanan

Registered Apprentice No.

working under my personal supervision.

Signed *J. P. Buchanan*

Licensed Embalmer No. *3179*

P. O. Address *Monett 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.

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 18332

Registration District No. 471

Primary Registration District No. 5639

Registrar's No.

1. PLACE OF DEATH:

(a) County Lawrence

(b) City or town Rural
(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 _____
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Oklahoma (b) County _____

(c) City or town Stigler
(If outside city or town limits, write "RURAL")

(d) Street No. _____
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME William Jennings Henderson

3. (b) If veteran, name war _____

3. (c) Social Security No. 464-28-7118

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May year 1942 hour _____ minute _____ M.

21. I hereby certify that I attended the deceased from _____ to _____ 19____
that I or saw him _____ alive on _____ 19____
and that death occurred on the date and hour stated above.
Immediate cause of death _____

4. Sex m 5. Color or race w

6. (a) Single, widowed, married, divorced 5

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

7. Birth date of deceased Nov (Month) (Day) (Year)

8. AGE: Years 34 Months 6 Days _____ If less than one day _____ min.

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

10. Usual occupation _____

11. Industry or business _____

12. Name _____

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

14. Maiden name _____

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

16. (a) Informant _____

(b) Address _____

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

(c) Place: burial or cremation _____

18. (a) Signature of funeral director _____

(b) Address _____

19. (a) _____ (b) _____
(Date received local registrar) (Registrar's signature)

Due to _____

Due to _____

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

Major findings:
Of operations _____

Of autopsy _____

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)

(b) 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 _____ (M. D. or other) _____

Address _____ Date signed _____

Duration _____

PHYSICIAN _____

Underline the cause to which death should be charged statistically.

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

SUPPLEMENTARY

MOTHER FATHER

w rlg

He was a transient and had not been home for years. The relatives lived at Stigler, Okla., and this is all the information we can furnish.