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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JUL 17 1942

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

20862

State File No.

Registration District No. 125 Primary Registration District No. 3009 Registrar's No. 190

1. PLACE OF DEATH:

(a) County Cape Girardeau

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

(c) Name of hospital or institution: St. Francis Hosp. 0 0 (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 1 day (Specify whether In this community 1 day years, months or days)

2. USUAL RESIDENCE OF DECEASED: 95

(a) State MO. (b) County ST. GENEVIEVE

(c) City or town ST. MARYS 0 (If outside city or town limits, write "RURAL") 0

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

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

If yes, name country 1

3. (a) PRINT FULL NAME HENDERSON SUSAN

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex FEMALE

5. Color or race WHITE 1

6. (a) Single, ~~widowed, married, divorced~~ 0

6. (b) Name of husband or wife

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

7. Birth date of deceased JUNE (Month) 18 (Day) 1942 (Year)

8. AGE: Years | Months | Days 1 | If less than one day hr. min.

9. Birthplace CAPE GIRARDEAU (City, town, or county) MO. 0 (State or foreign country)

10. Usual occupation

11. Industry or business

FATHER
12. Name J. F. HENDERSON
13. Birthplace HOPKINSVILLE (City, town, or county) KY. 1 (State or foreign country)

MOTHER
14. Maiden name SUSAN WILSON
15. Birthplace HOPKINSVILLE (City, town, or county) KY. 1 (State or foreign country)

16. (a) Informant J. F. HENDERSON

(b) Address ST. MARY'S, MO.

17. (a) Removal (Burial, cremation, or removal) (b) Date thereof 6 - 20 - 42 (Month) (Day) (Year)

(c) Place: burial or cremation Henderson, Ky.

18. (a) Signature of funeral director Walther Lindco

(b) Address 260 N. Middle, Cape Girardeau

19. (a) 6 - 20 - 42 (Date received local registrar) (b) F. W. Phelps (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 19 year 1942 hour 7 minute P M.

21. I hereby certify that I attended the deceased from 6 - 18, 1942 to 6 - 19, 1942, that I last saw her alive on 6 - 19, 1942 and that death occurred on the date and hour stated above.

Immediate cause of death Premature New born

Due to Premature rupture membranes

Due to

Other conditions (Include pregnancy within 3 months of death) 159

Major findings:
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? (Specify type of place)

While at work? (e) Means of injury

23. Signature D. R. Elrod (M. D. or other)

Address Cape Girardeau, Mo. Date signed 6-20-42

1014 (Licensed Embalmer's Statement on Reverse Side)

RECEIVED

District Health Officer No. 4

District File Number 742-949

Date Filed 7-14-42

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.....

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.