

FILED NOV 11 1942

Registration District No. 88

Primary Registration District No. 4082

Registrar's No. 128

1. PLACE OF DEATH:

(a) County CARROLL
(b) City or town Bogard, Mo.
(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 Many years years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Carroll
(c) City or town Bogard
(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 ROBERTA HENDERSON

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

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

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

7. Birth date of deceased Nov 16 1862
(Month) (Day) (Year)

8. AGE: Years 79 Months 11 Days 5 If less than one day _____ hr. _____ min.

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

10. Usual occupation House Keeper

MOTHER FATHER

11. Industry or business _____

12. Name John M. Henderson

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

14. Maiden name Mills

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

16. (a) Informant Janis Henderson

(b) Address Bogard, Mo.

17. (a) Burial (b) Date thereof Oct 23-1942
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Coloma

18. (a) Signature of funeral director E. A. Dickson

(b) Address Bogard, Mo.

19. (a) 10-26-42 (b) Mrs. James Ruffely
(Data received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct. day 21 year 1942 hour 9 minute 15 P. M.

21. I hereby certify that I attended the deceased from Oct 14 to Oct 21, 1942, and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral embolism and Thrombosis.

Due to _____

Due to _____

Other conditions (Include pregnancy within 3 months of death) g3b

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? _____

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

23. Signature W. W. Cowherd (M. D. or other) D.O.

Address Carrollton, Mo. Date signed 10-23-42

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

17
0
0

RECEIVED

District Health Officer No. 8,

District File Number

Date Filed 11-10-42

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.....

.....
working under my personal supervision.

Registered Apprentice No.

Signed E. R. Anderson

Licensed Embalmer No. 2534

P. O. Address Boyard, 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.