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DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

State File No. \_\_\_\_\_

Registration District No. 128

Primary Registration District No. 2000

Registrar's No. 712

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

1. PLACE OF DEATH

(a) County Greene

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

(c) Name of hospital or institution: 623 Poplar 1  
(If not in hospital or institution, write street number or location)

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

In this community 2 years  
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Greene

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

(d) Street No. 623 Poplar  
(If rural, give location)

(e) If foreign born, how long in U. S. A.? 0 years.

3. (a) PRINT FULL NAME CLAUDE DURWARD HENDERSON

(b) If veteran, name war None (c) Social Security No. None

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month October day 5<sup>th</sup>  
year 1942 hour 4:20 minute 0 P. M.

21. I hereby certify that I attended the deceased from 1939  
19\_\_\_\_ to Oct 5 1942  
that I last saw him alive on Oct 5 1942  
and that death occurred on the date and hour stated above.

4. Sex Male 5. Color or race White

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

6. (b) Name of husband or wife Unknown 6. (c) Age of husband or wife if deceased years

7. Birth date of deceased May 14 - 1878  
(Month) (Day) (Year)

Immediate cause of death Uremia

Due to Cardio-vascular renal disease

Due to \_\_\_\_\_

Other conditions (Include pregnancy within 3 months of death) \_\_\_\_\_

8. AGE:	Years	Months	Days	If less than one day
	<u>64</u>	<u>4</u>	<u>21</u>	hr. min.

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

10. Usual occupation Store Manager, General

11. Industry or business Seagr & Packard, Chicago, Ill.

12. Name Manford Henderson

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

14. Maiden name Jessie Plack

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

Major findings: 1316  
Of operations \_\_\_\_\_

Of autopsy \_\_\_\_\_

Underline the cause to which death should be charged statistically.

16. (a) Informant Ethel Dunn

(b) Address 623 Poplar, Springfield, Mo.

17. (a) Burial (b) Date thereof Oct. 7, 1942  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Buffalo, Mo.

18. (a) Signature of funeral director Paul C. Williams

(b) Address Springfield, Mo.

19. (a) 10-7-42 (b) W. B. Hurdley  
(Date received local registrar) (Registrar's signature)

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 0

23. Signature Thy Callaway (M. D. or other) MD  
Address Springfield Mo Date signed 10/6/42

**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.....

*R. H. [Signature]*

Licensed Embalmer No. 3681

P. O. Address Springfield, 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.**

X