

S. No. 2
-1-4-41
5-17-39
-1 X26390

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 34634
Registrar's No. 1850

FILED OCT 21 1942
Registration District No. 307

Primary Registration District No. 6037

1. PLACE OF DEATH: Ripley
(a) County Ripley Mo.
(b) City or town Doniphan Mo.
(c) Name of hospital or institution 1 Rural Mission
(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 Mo. (b) County Ripley Mo.
(c) City or town Doniphan
(If outside city or town limits, write "RURAL")
(d) Street No. Rural
(If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Belva Lee Henderson
3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month Sept. day 5th
year 1942 hour 5 minute - AM.

4. Sex Female 5. Color or race White 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 January 8, 1942
(Month) (Day) (Year)

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.

8. AGE: Years _____ Months 7 Days 27 If less than one day _____ hr. _____ min.

Immediate cause of death Insufficiency of digestive organs
Due to Renature birth Duration _____

9. Birthplace Poplar Bluff Mo.
(City, town, or county) (State or foreign country)

Due to _____
Other conditions (Include pregnancy within 3 months of death) 1578

MOTHER FATHER
11. Industry or business _____
12. Name Le Roy Henderson
13. Birthplace Oregon county Mo.
(City, town, or county) (State or foreign country)
14. Maiden name Verna C. Hill
15. Birthplace Ripley county Mo.
(City, town, or county) (State or foreign country)

Major findings: _____
Of operations _____
Of autopsy _____
Underline the cause to which death should be charged statistically.

16. (a) Informant Verna C. Henderson
(b) Address Doniphan Mo.
17. (a) Burial (b) Date thereof 9-6-1942
(Burial, cremation, or removal) (Month) (Day) (Year)

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? _____

18. (a) Signature of funeral director Panda cent
(b) Address Black's Mortuary
19. (a) 9/13/42 (b) E. B. Johnston
(Date received local registrar) (Registrar's signature)

While at work? _____ (Specify type of place) (c) Means of injury _____
23. Signature M. A. Baltz (M. D. or other) _____
Address Parahotas Oak Date signed 9/14/42

(Licensed Embalmer's Statement on Reverse Side)

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

9100

474

RECEIVED

District Health Officer No. 5,

District File Number: 1042908

Date Filed 10-19-42

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.....

not embalmed....., 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.