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

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

40410

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

FILED JAN - 8 1943

Registrar's No. 335

Registration District No. 23

Primary Registration District No. 3010

1. PLACE OF DEATH:

(a) County Cape Girardeau  
(b) City or town Cape Girardeau  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution: St. Francis  
(If not in hospital or institution, write street number and location)  
(d) Length of stay: In hospital or institution 3 days  
In this community 3 days  
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County New Madrid  
(c) City or town Rural  
(If outside city or town limits, write "RURAL")  
(d) Street No. North West of Portageville  
(If rural, give location)  
(e) Citizen of foreign country? No. (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME

Alberta Henderson

3. (b) If veteran, name war \_\_\_\_\_

3. (c) Social Security No. \_\_\_\_\_

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 12 day 3  
year 42 hour 9:20 minute 0 M.

21. I hereby certify that I attended the deceased from 12/1  
1942 to 12/3 1942

that I last saw her alive on 12/3 1942  
and that death occurred on the date and hour stated above.

Immediate cause of death Meningitis  
Type unspecified - Not  
Due to epidemic

Duration

1 week

Other conditions (Include pregnancy within 3 months of death)

Major findings: Turber spinal fluid  
Of operations No organisms found  
Of autopsy \_\_\_\_\_

PHYSICIAN

Underline the cause to which death should be charged statistically.

8. AGE: Years 21 Months \_\_\_\_\_ Days \_\_\_\_\_ If less than one day hr. \_\_\_\_\_ min. \_\_\_\_\_

9. Birthplace Cauthersville (City, town, or county) Mo. 0 (State or foreign country)

10. Usual occupation \_\_\_\_\_

11. Industry or business Housewife

12. Name Willie Broadway

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

14. Maiden name Henderson

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

16. (a) Informant Nathan Henderson

(b) Address Portageville, Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 12-4-1942 (Month) (Day) (Year)

(c) Place: burial or cremation Portageville Mo

18. (a) Signature of funeral director Nathan Henderson

(b) Address Portageville, Mo.

19. (a) 12-4-42 (Date received local registrar) (b) F.W. Phelps (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) (a) Means of injury \_\_\_\_\_

23. Signature A. S. Shea (M. D. or other) \_\_\_\_\_  
Address Cape Girardeau, Mo. Date signed 12/3/42

1014

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED

District Health Officer No. 4  
District File Number 143-1589  
Date Filed 1-7-43

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

*not*  
*Noel C. Dean*

Licensed Embalmer No. 3941

P. O. Address Postageville

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.