

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED JAN 26 1943

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 3015

Registration District No. 262

Primary Registration District No. 43-94-5887

Registrar's No.

1. PLACE OF DEATH:

(a) County: Ozark
(b) City or town: Udall
(c) Name of hospital or institution: (If outside city or town limits, write "RURAL" and name of township)
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution: 35 years (Specify whether years, months or days)

3. (a) PRINT FULL NAME: Belle Henderson

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

4. Sex: Female 5. Color or race: white 6. (a) Single, widowed, married, divorced, widow 2
6. (b) Name of husband or wife: Tommy Henderson 6. (c) Age of husband or wife if alive, years: 14 1970
7. Birth date of deceased: May (Month) (Day) (Year)

8. AGE: Years: 72 Months: 6 Days: 22 If less than one day hr. min.

9. Birthplace: Newbarn Tenn. (City, town, or county) (State or foreign country)

10. Usual occupation: Housewife

11. Industry or business:

12. Name: Mr. Smith 9
13. Birthplace: (City, town, or county) (State or foreign country)
14. Maiden name: Ethel Brown 9
15. Birthplace: (City, town, or county) (State or foreign country)

16. (a) Informant: Maude Sasser

(b) Address: Udall, Mo.

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

(c) Place: burial or cremation: Pridg. Cem.

18. (a) Signature of funeral director: O. B. McClure

(b) Address: Intn. Home Ark.

19. (a) 12-7-42 (Date received local registrar) (b) C. A. Beach (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State: Mo. (b) County: Ozark
(c) City or town: Udall (If outside city or town limits, write "RURAL")
(d) Street No.:
(e) Citizen of foreign country? No (Yes or No)
If yes, name country:

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month: Dec. day: 6 year: 1942 hour: 10 P.M. minute: P. M.

21. I hereby certify that I attended the deceased from May 1939 to Dec 6 1942 that I last saw him alive on in May 1940 and that death occurred on the date and hour stated above.

Immediate cause of death: Cerebral hem-orrhage Had 3 strokes

Due to: Hypertension

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

Major findings: Of operations: 830

Of autopsy:

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: C. A. Beach M.D. (M. D. or other) Address: Elijah Mo Date signed: 12-21-42

RECEIVED

District Health Officer No. 6,

District File Number

143-90

Date Filed JAN 26 1943

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.