

X23159

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

3254

State File No. _____

FILED FEB 10 1943

Primary Registration District No. 4450

Registrar's No. 1884

1. PLACE OF DEATH:

(a) County Ripley
(b) City or town Doniphan
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Williams
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 7 days
In this community 7 days
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Ripley
(c) City or town Rural
(If outside city or town limits, write "RURAL")
(d) Street No. 3 mi. N. of Naylor
(If rural, give location)
(e) If foreign born, how long in U. S. A.? 0 years.

3. (a) PRINT FULLNAME William Thomas Henderson

3. (b) If veteran, name war Phillipine Insurrection 3. (c) Social Security No. _____

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

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

7. Birth date of deceased July 25 1878
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
64 5 11 hr. min.

9. Birthplace Iron Co Mo.
(City, town, or county) (State or foreign country)

10. Usual occupation Farmer

11. Industry or business _____

12. Name Thomas Henderson

13. Birthplace Iron Co. Mo.
(City, town, or county) (State or foreign country)

14. Maiden name Unknown

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

16. (a) Informant Lex Henderson
(b) Address Naylor, Mo.

17. (a) Burial (b) Date thereof 1/10/43
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Gum Ceme.

18. (a) Signature of funeral director Minnie Gish
(b) Address Naylor, Mo.

19. (a) 1/12/43 (b) E. O. Johnston
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan. day 6 year 1943 hour 8 minute _____ P. M.

21. I hereby certify that I attended the deceased from 1-1-43 to 1-6-43 and that death occurred on the date and hour stated above.

Immediate cause of death _____

Due to Lobar Pneumonia 3 days

Due to _____

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

Major findings: Of operations 100

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 Clifford J. Goforth (M. D. or other) _____

Address _____ Date signed 1/12/43

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

91
10

6 14

RECEIVED

District Health Officer No. 5.

District File Number

24387

Date Filed

2-8-43

MAR 16 1944

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.....

L. C. Mc Cord

Licensed Embalmer No.....

4079

P. O. Address.....

Taylor 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.