

No. 2
9-4-41
5-17-39
X29484

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

10362

FILED APR 8 1943

State File No.

Registration District No. 199

Primary Registration District No. 4224

Registrar's No. 23

1. PLACE OF DEATH:

(a) County Holt

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

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

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

In this community Lifetime
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Holt

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

(d) Street No. _____ (If rural, give location)

(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Lloyd Russell Henderson

3. (b) If veteran, name war _____

3. (c) Social Security No. _____

4. Sex Male

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 _____ days

7. Birth date of deceased January 25 1943
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
	<u>1</u>	<u>25</u>	_____ hr. _____ min.

9. Birthplace Forest City (City, town, or county) _____ (State or foreign country)

10. Usual occupation _____

11. Industry or business _____

12. Name Andrew Henderson

13. Birthplace Little Springs Texas (City, town, or county) (State or foreign country)

14. Maiden name Ida Jones

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

16. (a) Informant Mrs. Andrew Henderson

(b) Address Forest City, Mo.

17. (a) Burial (b) Date thereof Mar 13-43
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Forest City

18. (a) Signature of funeral director James T. Pettigrew

(b) Address Creighton Mo.

19. (a) 3-14-43 (b) Pauline Dawson
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 18 year 1943 hour 1 minute 20 P.M.

21. I hereby certify that I attended the deceased from 2-12-43 to 3-17-43 that I last saw him alive on March 17 1943 and that death occurred on the date and hour stated above.

Immediate cause of death Flu

Due to _____

Due to _____

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

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

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 J. Chan (M. D. or other) _____

Address Forest City, Mo. Date signed 3/13/43

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

MOTHER FATHER

1185

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}.....
....., Registered Apprentice No.
working under my personal supervision.

Signed

James H Pittzoh

Licensed Embalmer No. *3192*

P. O. Address *Oregon 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.