

Registration District No. **214**

Primary Registration District No. **6061**

Registrar's No. \_\_\_\_\_

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

1. PLACE OF DEATH:

(a) County **St. Clair**  
(b) City or town **Gerster**  
(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 **15 years** (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **St. Clair**  
(c) City or town **Gerster**  
(If outside city or town limits, write "RURAL")  
(d) Street No. \_\_\_\_\_ (If rural, give location)  
(e) Citizen of foreign country? **No** (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME **Ellis H. Henderson**

3. (b) If veteran, name war **No** 3. (c) Social Security No. \_\_\_\_\_

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

6. (b) Name of husband or wife **Annis Henderson** 6. (c) Age of husband or wife if alive **78** years

7. Birth date of deceased **April 5 1861**  
(Month) (Day) (Year)

8. AGE: Years **81** Months **11** Days **11** If less than one day hr. \_\_\_\_\_ min.

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

10. Usual occupation **Laborer**

11. Industry or business \_\_\_\_\_

MOTHER FATHER { 12. Name **Unknown**  
13. Birthplace **Unknown** (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 **Ferry Parker**  
(b) Address **Gerster Missouri**

17. (a) **Burial** (Burial, cremation, or removal) (b) Date thereof **3-17-1943** (Month) (Day) (Year)

(c) Place: burial or cremation **Macedonia**

18. (a) Signature of funeral director **Osceola Funeral Home**

(b) Address **Osceola Missouri**

19. (a) **3-22-43** (Date received local registrar) (b) **F. Woodcock** (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **March** day **16** year **1943** hour **6** minute **30A** M.

21. I hereby certify that I attended the deceased from **Feb 5** 1943 to **Mar 16** 1943 that I last saw him alive on **Feb 5** 1943 and that death occurred on the date and hour stated above.

Immediate cause of death **Chronic Myocarditis** Duration \_\_\_\_\_

Due to \_\_\_\_\_

Due to \_\_\_\_\_

Other conditions (Include pregnancy, within 3 months of death) **93d**

Major findings: Of operations \_\_\_\_\_

Of autopsy \_\_\_\_\_

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 **2**

23. Signature **Dr. E. D. Brown** (M. D. or other) **Do.**  
Address **Callins mo** Date signed **3-22-43**

RECEIVED

District Health Officer No. 7,

State File No.

3-43-48

Date Filed

4-6-48

---

---

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

*Paul Terestone*

Licensed Embalmer No.

3990

P. O. Address

*Oscola 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.**