

No. 2
-2-43
-17-39
X35697

State File No. _____

ED AUG 7 1943

Registration District No. 44

Primary Registration District No. 4236564

Registrar's No. 3

1. PLACE OF DEATH:

(a) County IRON

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

(c) Name of hospital or institution: 1
(If not in hospital or institution, write street number or location)

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

In this community _____ years, months or days (Specify whether)

2. USUAL RESIDENCE OF DECEASED:

(a) State MISSOURI (b) County IRON

(c) City or town DES ARS FAURAU
(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 NINA VERDIE HENDERSON

3. (b) If veteran, name war _____

3. (c) Social Security No. _____

4. Sex FEMALE 5. Color or race WHITE

6. (a) Single, widowed, married, divorced MARRIED

6. (b) Name of husband or wife SETHRAH HENDERSON

6. (c) Age of husband or wife if alive 53 years

7. Birth date of deceased SWINE 2 1898
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day

45 1 6 hr. _____ min.

9. Birthplace CAPPAS ARKANSAS
(City, town, or county) (State or foreign country)

10. Usual occupation HOUSE WIFE

11. Industry or business _____

12. Name A. S. STEWART

13. Birthplace UNKNOWN W. VIRGINIA
(City, town, or county) (State or foreign country)

14. Maiden name VIRGINIA DATTAMOR

15. Birthplace UNKNOWN W. VIRGINIA
(City, town, or county) (State or foreign country)

16. (a) Informant MR SETHRAH HENDERSON

(b) Address DES ARS MO

17. (a) BURIAL (b) Date thereof 7-10-43
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation DES ARS CEMETARY

18. (a) Signature of funeral director [Signature]

(b) Address [Address]

19. (a) 7-26-43 (b) Virginia R. Miller
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 8
year 1943 hour 5 minute 8 A. M.

21. I hereby certify that I attended the deceased from June 20 1943 to July 8 1943, that I last saw her alive on July 4 1943 and that death occurred on the date and hour stated above.

Immediate cause of death Carcinoma of the Liver

Duration 4 months

Due to _____

Due to _____

Other conditions Ascites
(Includes pregnancy within 5 months of death)

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 _____

23. Signature Benji Bull (M: D. or other) M. D.
Address Fronton, Mo. Date signed 7-5-43

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

MOTHER FATHER

12'85

RECEIVED

District Health Officer No. 4

District File Number 843-252

Date Filed 8-6-43

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.....

7/8/43....., Registered Apprentice No.....
working under my personal supervision.

Signed Geo. P. Lumbel.....

Licensed Embalmer No. 3475

P. O. Address Quinton 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.