

No. 2
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 27719
Registrar's No. 886

FILED SEP 11 1943
42

Registration District No. _____ Primary Registration District No. 1000

1. PLACE OF DEATH:

(a) County Buchanan,
(b) City or town St. Joseph,
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
Missouri Methodist Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 6 days,
(Specify whether
In this community 6 days,
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Gentry, 38
(c) City or town Albany,
(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 William Earl Henderson,

3. (b) If veteran, name war None, 3. (c) Social Security No. 500-07-9638

4. Sex Male 5. Color or Race White 6. (a) Single, widowed, married, divorced Unk.
6. (b) Name of husband or wife Dorothy Henderson, 6. (c) Age of husband or wife if alive Unk years
7. Birth date of deceased July 11th. 1915
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
28 0 27 hr. min.

9. Birthplace Gentry County, Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation Farmer,

11. Industry or business Farm,

12. Name Earl E. Henderson,

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

14. Maiden name Ruth Summa,

15. Birthplace Gentry, Co., Mo.
(City, town, or county) (State or foreign country)

16. (a) Informant Earl E. Henderson

(b) Address Albany, Missouri.

17. (a) Removal (b) Date thereof 8/9/43
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Albany, Mo.

18. (b) Signature of funeral director W. B. ...

(b) Address 319 So. 10th. Street.

19. (a) 8-9-43 (b) W. B. Herzog
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month August day 8th.
year 1943 hour 11:00 minute 9 P.M.

21. I hereby certify that I attended the deceased from Aug 4 1943 to Aug 8 43 19;
that I last saw him alive on Aug 8 43 19;
and that death occurred on the date and hour stated above.

Immediate cause of death Pneumonia Duration 2 days.

Due to _____

Due to _____

Other conditions 107
(Include pregnancy within 3 months of death)

Major findings: Of operations 0

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 W. B. Herzog (M.D. or other) MD

Address Albany, Mo. Date signed 8.9.43

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

MOTHER FATHER

1233 (Licensed Embalmer's Statement on Reverse Side)

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.