

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 20330  
Registrar's No. 42

DECEASED AUG 26 1943

Registration District No. 218

Primary Registration District No. 4330

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

1. PLACE OF DEATH  
(a) County Mississippi  
(b) City or town East Prairie, Mo.  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution Residence  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 18 yrs. (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:  
(a) State Mo. (b) County Mississippi  
(c) City or town East Prairie (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 ADA DALE HENDERSHOTT

3. (b) If veteran, name war ✓ 3. (c) Social Security No. None

4. Sex Female 5. Color or race W. 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife LOWELL HENDERSHOTT 6. (c) Age of husband or wife if alive 25 years

7. Birth date of deceased Feb 11 (Month) (Day) (Year)

8. AGE: Years 18 Months \_\_\_\_\_ Days \_\_\_\_\_ If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

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

10. Usual occupation House wife

11. Industry or business Lewis La Plant

12. Name Lewis La Plant

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

14. Maiden name Carroll England (City, town, or county) (State or foreign country)

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

16. (a) Informant Ellene La Plant  
(b) Address East Prairie

17. (a) Buried (b) Date thereof July 22 1943 (Month) (Day) (Year)  
(c) Place: burial or cremation Hoquod

18. (a) Signature of funeral director Maas Shelly  
(b) Address East Prairie

19. (a) 8-17-43 (b) Fannie E. Bryman (Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 20  
year 1943 hour 9.40 minute 1 M.

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

Immediate cause of death Puerperal - Sudden death

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

Other conditions (Include pregnancy within 3 months of death) \_\_\_\_\_

Major findings: Of operations \_\_\_\_\_  
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 George W. Whitaker (M. D. or other)  
Address East Prairie Mo Date signed 8/19/43

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

RECEIVED

District Health Office No. 2,

District File Number 843-1114

Date Filed 8-24-43

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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.....

.....  
working under my personal supervision.

Registered Apprentice No. ....

Signed

*Ernie Shely*

Licensed Embalmer No. ....

P. O. Address

*3726  
East Grand 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.