

S. No. 2  
1-5-42  
5-17-30  
11 X32273

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

35574

NOV 12 1943

Registration District No. 297

Primary Registration District No. 6022

State File No. \_\_\_\_\_

Registrar's No. 65

1. PLACE OF DEATH:

(a) County Ray  
(b) City or town Richmond Rural  
(c) Name of hospital or institution: Richmond Free  
(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 Ray  
(c) City or town Richmond Rural  
(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) PRINTN Norcissus Henderson  
FULL NAME

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

4. Sex Female 5. Color or White race  
6. (a) Single, widowed, married, Divorced Widowed  
6. (b) Name of husband or wife Cornelius Henderson  
6. (c) Age of husband or wife if 21 years  
Nov. 21 1866  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
76 10 27 \_\_\_\_\_ hr. min.

9. Birthplace Millville Mo.  
(City, town, or county) (State or foreign country)

10. Usual occupation House Wife

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

12. Name Warren A. Young

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

14. Maiden name Hattie Manske

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

16. (a) Informant Nellie Henderson

(b) Address Richmond Mo.

17. (a) Burial (b) Date thereof Oct. 20. 1943  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Richmond Mo.

18. (a) Signature of funeral director Thurman

(b) Address Richmond Mo.

19. (a) Oct 1943 (b) Mrs. (Haw) Shipp  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct. day 18  
year 1943 hour 12 minute 0 M.

21. I hereby certify that I attended the deceased from Sept 1943  
to Oct 18 1943  
that I last saw her alive on Oct 14  
and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral hemorrhage  
arterio-sclerosis

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 \_\_\_\_\_

Signature B. J. Jay (M. D. or other) \_\_\_\_\_  
Address Richmond Mo. Date signed 10-20-43

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

MOTHER FATHER

PHYSICIAN  
Underline the cause to which death should be charged statistically.

1280

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED

District Health Officer No. 8,

Case File Number  
Date Filed 11-11-43

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, ~~###~~

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

Signed *[Signature]*

Licensed Embalmer No. 2073

P. O. Address Richmond, 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.