

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

FILED FEB 2 1944  
Registration District No. 278

Primary Registration District No. 3054

State File No. \_\_\_\_\_  
Registrar's No. \_\_\_\_\_

1. PLACE OF DEATH:

(a) County Peke

(b) City or town Louisiana

(c) Name of hospital or institution Home

(If not in hospital or institution, write street number or location)

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

In this community all his life years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Peke

(c) City or town Louisiana

(d) Street No. 1108 Ohio

(e) Citizen of foreign country? No (Yes or No)

If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME ELLA NATHAN HENDERSON

3. (b) If veteran, name war No

3. (c) Social Security No. 709.10.8529

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan day 8

year 1944 hour 5 minute 30 A.

21. I hereby certify that I attended the deceased from \_\_\_\_\_, 19\_\_\_\_ to Jan 8, 1944

4. Sex Male

5. Color or race Black

6. (a) Single, widowed, married divorced

6. (b) Name of husband or wife Effie Thomas Henderson

6. (c) Age of husband or wife if alive 69 years

7. Birth date of deceased Dec 25 - 1879

that I last saw him alive on Jan 8, 1944 and that death occurred on the date and hour stated above.

Immediate cause of death Coronary vascular renal hypertension

Due to obscure

8. AGE: Years 75 Months 0 Days 13

If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

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

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

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

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

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

10. Usual occupation Laborey - R.R. Retired

11. Industry or business Rail Road

12. Name Anderson Henderson

13. Birthplace Don't know

14. Maiden name Ellie

15. Birthplace Don't know

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) \_\_\_\_\_ (a) Means of injury 2

16. (a) Informant Miss Ella N Henderson

(b) Address Louisiana Mo

17. (a) Rural (Burial, cremation, or removal) (b) Date thereof 1-10-44

(c) Place: burial or cremation Riverview Louisiana Mo

18. (a) Signature of funeral director J. H. Taylor

(b) Address Louisiana Mo

19. (a) 1/8/44 (Date received local registrar) (b) J. H. Taylor (Registrar's signature)

23. Signature J. H. Taylor (a) DO (b) \_\_\_\_\_ (c) \_\_\_\_\_

Address Louisiana Mo Date signed 1/8/44

FEB 2 8 1944

DEC 7 1955

RECEIVED

District Health Officer No. 10

District File Number 2-44-336

Date Filed FEB 7 1944

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.

*George O. Wagner*

Registered Apprentice No. ....

Signed

*George O. Wagner*

Licensed Embalmer No. 3772

P. O. Address Levenson, 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.