

FILED MAR 8 1944  
274

Registration District No.

Primary Registration District No. 2052

Registrar's No. 51

1. PLACE OF DEATH:

(a) County Pe. t. t. s.

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

(c) Name of hospital or institution:  
City Hospital No. II  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 5  
(Specify whether years, months or days)

In this community 30 yr.

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Pe. t. t. s. 80

(c) City or town Sedalia 1  
(If outside city or town limits, write "RURAL")

(d) Street No. 5107 Monticau  
(If rural, give location)

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

If yes, name country 0

3. (a) PRINT FULL NAME Belle Henderson

3. (b) If veteran, name war \_\_\_\_\_

3. (c) Social Security No. None

4. Sex Female 5. Color or race Negro

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

6. (b) Name of husband or wife Walter Henderson

6. (c) Age of husband or wife if alive 59 years

7. Birth date of deceased 12 (Month) 22 (Day) 1885 (Year)

8. AGE: Years 58 Months 1 Days 15 If less than one day hr. min.

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

10. Usual occupation Housewife

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

12. Name John Robinson

13. Birthplace Unknown 9  
(City, town, or county) (State or foreign country)

14. Maiden name Unknown

15. Birthplace Unknown 9  
(City, town, or county) (State or foreign country)

16. (a) Informant Walter Henderson

(b) Address 5107 Monticau

17. (a) Burial (b) Date thereof 2 10 44  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Crown Hill

18. (a) Signature of funeral director J. Pryor Alexander

(b) Address Sedalia Mo.

19. (a) 2/10/44 (b) Anna Anna Berger  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 7  
year 44 hour 9:45 minute 4 M.

21. I hereby certify that I attended the deceased from July 1 1944 to July 7 1944  
that I last saw him alive on July 6 1944  
and that death occurred on the date and hour stated above.

Immediate cause of death Cardiac Decompensat

Due to Attack of Angina

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 W. M. Watkins (M. D. or other) \_\_\_\_\_  
Address 119 1/2 W. Main, Sedalia Mo. Date signed 7/10/44

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

0  
6  
4

RECEIVED  
District Health Officer No. 8,  
District File Number 3-7-44  
Date Filed

---

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 J. Pryce Alexander  
Licensed Embalmer No. 4245  
P. O. Address Sedalia, 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.