

FILED APR 27 1944

Registration District No. 226 Primary Registration District No. 4338

1. PLACE OF DEATH:

(a) County Monroe

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

(c) Name of hospital or institution: 379 Winter St. 1
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution _____ (Specify whether _____)
In this community 16yrs
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Monroe 69

(c) City or town Monroe City 1
(If outside city or town limits, write "RURAL") 0

(d) Street No. 202 Third St
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____ 0

3. (a) PRINT FULL NAME James Eugene Henderson

3. (b) If veteran, name war None

3. (c) Social Security No. 469-10-8929

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 26th
year 1944 hour 12 minute 30 A.M.

21. I hereby certify that I attended the deceased from _____ 19____ to _____ 19____;
that I last saw h_____ alive on _____ 19____;
and that death occurred on the date and hour stated above.

4. Sex Male 5. Color or race White

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

6. (b) Name of husband or wife Octavoa Henderson 6. (c) Age of husband or wife if alive 62 years

7. Birth date of deceased November 5th 1898
(Month) (Day) (Year)

Immediate cause of death: Angina Pectoris Duration few min.

Due to _____

Due to _____

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

8. AGE: Years Months Days If less than one day

65 4 21 _____ hr. _____ min.

9. Birthplace Monroe Co. Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation Night Watchman

11. Industry or business Henderson Produce Co

12. Name Dennis F Henderson

13. Birthplace Monroe Co Missouri
(City, town, or county) (State or foreign country)

14. Maiden name Mollie Bell Scobee

15. Birthplace Monroe Co. Missouri
(City, town, or county) (State or foreign country)

16. (a) Informant Herbert Henderson

(b) Address Monroe City, Mo.

17. (a) Burial (b) Date thereof 3/28/44
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation St. Joes Monroe City

18. (a) Signature of funeral director Wilson & Sons

(b) Address Monroe City, Mo.

19. (a) 3-27-44 (b) Otis Hedberg
(Date received local registrar) (Registrar's signature)

PHYSICIAN

Major findings: _____

Of operations _____

Of autopsy _____

Underline the cause to which death should be charged statistically.

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 J. P. Turner D.O. (M.D. or other) _____
Address Madison, Mo. 3/26/44 Date signed _____
corner

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

APR 24 1944

JUL 18 1957

APR 18 1944

RECEIVED

District Health Officer No. 10

District File Number 4-44-690

Date Filed APR 6 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 Byelle
Registered Apprentice No. _____
working under my personal supervision.

Signed Leslie R. Wilson

Licensed Embalmer No. 3014

P. O. Address Monroe City 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.