

FILED APR 14 1944

Registration District No. 260

Primary Registration District No. 3076

1. PLACE OF DEATH:

(a) County Vernon
(b) City or town Nevada
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 1302 N Washington
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution (Specify whether
In this community thirty years years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Vernon
(c) City or town Nevada
(If outside city or town limits, write "RURAL")
(d) Street No. 1302 N Washington
(If rural, give location)
(e) Citizen of foreign country? — (Yes or No)
If yes, name country —

3. (a) PRINT FULL NAME George Thomas Henderson
3. (b) If veteran, — name war —
3. (c) Social Security No. —

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month March day 24
year 1944 hour 11 minute 30 A.M.

4. Sex M 5. Color or race W 6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Jule Henderson 6. (c) Age of husband or wife if alive 57 years
7. Birth date of deceased Aug - 7 - 1885
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from Mar. 12, 1944 to Mar. 24, 1944
that I last saw alive on Mar. 24, 1944
and that death occurred on the date and hour stated above.
Immediate cause of death Bronchopneumonia Duration 12 da
(Primary)

8. AGE: Years 88 Months 7 Days 18 If less than one day hr. — min. —

9. Birthplace Paysonville (City, town, or county) Missouri (State or foreign country)
10. Usual occupation General Store Prop

MOTHER FATHER
11. Industry or business —
12. Name George Henderson
13. Birthplace Paysonville (City, town, or county) Mo (State or foreign country)
14. Maiden name Martha Bosey
15. Birthplace Mo (City, town, or county) (State or foreign country)

Due to —
Due to —
Other conditions (Include pregnancy within 3 months of death) —
Major findings: Of operations 107
Of autopsy —
PHYSICIAN —
Underline the cause to which death should be charged statistically.

16. (a) Informant Jule Henderson
(b) Address Nevada Mo
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 3-26-44
(Month) (Day) (Year)
(c) Place: burial or cremation Norton Chapel
18. (a) Signature of funeral director Fernando Bone
(b) Address Nevada Mo
19. (a) 3-29-44 (Date received local registrar) (b) Boyd B. Bewick (Registrar's signature)

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify) —
(b) Date of occurrence —
Where did injury occur? (City or town) (County) (State) —
(c) Did injury occur in or about home, on farm, in industrial place, in public place?
While at work? (Specify type of place) (c) Means of injury —
23. Signature Boyd B. Bewick (M. D. or other) —
Address Nevada, Mo Date signed 3-26-44

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

RECEIVED

District Health Officer No. 71

District File Number 344498

Date Filed 4-12-44

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 me

Registered Apprentice No. _____

working under my personal supervision.

Signed L B Terry

Licensed Embalmer No. 1760

P. O. Address Nevada 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.