

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED OCT 13 1944

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. _____

Registration District No. 177

Primary Registration District No. 5637

Registrar's No. 42

5400

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

1. PLACE OF DEATH:

(a) County Lafayette
 (b) City or town Wellington (Rural)
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution: Clay Camp
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution _____ (Specify whether)
 In this community 1 years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Lafayette
 (c) City or town Wellington, Rural
 (If outside city or town limits, write "RURAL") 54
 (d) Street No. _____ (If rural, give location)
 (e) If foreign born, how long in U. S. A.? 13 years.

8. (a) PRINT FULL NAME MARY KATHERINE HENDERSMAN
 3. (b) If veteran, name war No 3. (c) Social Security No. None

MEDICAL CERTIFICATION
 20. DATE OF DEATH: Month Sept day 9
 year 1944 hour _____ minute _____ M.

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Married
 6. (b) Name of husband or wife August F. Hendersman 6. (c) Age of husband or wife if alive 72 years
 7. Birth date of deceased June 30 1869
 (Month) (Day) (Year)

21. I hereby certify that I attended the deceased from May 10th, 1944 to Sept 5th, 1944
 that I last saw her alive on Sept 5th, 1944
 and that death occurred on the date and hour stated above.

8. AGE:

Years	Months	Days	If less than one day
<u>75</u>	<u>2</u>	<u>10</u>	hr. _____ min. _____

Immediate cause of death Pseudo-Bulbar Paralysis
 Due to _____
 Due to _____

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

Other conditions J.P.
 (Include pregnancy within 3 months of death)
 Major findings: _____
 Of operations _____
 Of autopsy _____

10. Usual occupation Housewife

MOTHER FATHER

11. Industry or business same
 12. Name Henry Berelman
 13. Birthplace unknown
 (City, town, or county) (State or foreign country)
 14. Maiden name Mrs. Nadler
 15. Birthplace unknown
 (City, town, or county) (State or foreign country)

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

16. (a) Informant Mrs. Hiram Kite
 (b) Address Wellington, Mo.

22. If death was due to external causes, fill in the following:
 (a) Accident, suicide, or homicide (specify) _____
 (b) Date of occurrence _____

17. (a) Burial (b) Date thereof Sept. 11 1944
 (Burial, cremation, or removal) (Month) (Day) (Year)
 (c) Place: burial or cremation Wellington, Mo.

(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?
 _____ (Specify type of place)
 While at work? _____ (e) Means of injury _____

18. (a) Signature of funeral director B. B. Watts
 (b) Address Wellington, Mo.
 19. (a) Sept. 30-1944 (b) Mrs. Wt. Baker
 (Date received local registrar) (Registrar's signature)

23. Signature R. B. Watts (M. D. or other)
 Address Wellington, Mo. Date signed 9-12-44

RECEIVED

District Health Officer No. 8;

District File Number

District File

10-10-44

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 _____

_____, Registered Apprentice No. _____

working under my personal supervision.

Signed

W. P. Pinner

Licensed Embalmer No. 4305

P. O. Address Wellington, 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, above space should be left blank.