S. No. 2
DM—2-43
v. 5-17-39
I X35697

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED AUG 9 1945

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

24707

State File No. 24707

Registration District No. 279 Primary Registration District No. 5956 Registrar's No. 13

82 0 0

1. PLACE OF DEATH:
(a) County: Pike
(b) City or town: Near Clarksville (If outside city or town limits, write "RURAL" and name of township) Calamus
(c) Name of hospital or institution: Jump
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution (Specify whether years, months or days) In this community

2. USUAL RESIDENCE OF DECEASED:
(a) State: Mo (b) County: Pike 82
(c) City or town: Clarksville (If outside city or town limits, write "RURAL") 0
(d) Street No. (If rural, give location) 0
(e) Citizen of foreign country? (Yes or No) 0
If yes, name country

3. (a) PRINT FULL NAME: John Richard Henderson
3. (b) If veteran, name war
3. (c) Social Security No.
4. Sex: Male
5. Color or race: White
6. (a) Single, widowed, married, divorced: Infant
6. (b) Name of husband or wife
6. (c) Age of husband or wife if alive years
7. Birth date of deceased: Aug (Month) 18 (Day) 1944 (Year)

8. AGE: Years 1 Months 10 Days 22 If less than one day hr. min.

9. Birthplace: Clarksville (City, town, or county) 0 (State or foreign country)
10. Usual occupation: Infant
11. Industry or business
12. Name (Father): James Major Henderson
13. Birthplace (Father): Clarksville (City, town, or county) Mo (State or foreign country)
14. Maiden name (Mother): Opal Marie Conrad
15. Birthplace (Mother): Pleasant Hill (City, town, or county) Ill (State or foreign country)
16. (a) Informant: J. W. Henderson
(b) Address: Clarksville Mo
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: July 12 (Month) (Day) (Year)
(c) Place: burial or cremation: Greenwood
18. (a) Signature of funeral director: Harry L. Carroll
(b) Address: Clarksville Mo
19. (a) July 16-1945 (Date received by local registrar) (b) Maudeen Patton (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 10 year 1945 hour — minute — 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.

Immediate cause of death: Drowned — Duration
Due to
Due to
Other conditions (Include pregnancy within 3 months of death)
Major findings: Of operations
Of autopsy

PHYSICIAN — 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): Accident 82
(b) Date of occurrence: July 10 1945
(c) Where did injury occur? Rural (City or town) Pike (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? On farm (Specify type of place)
While at work? No (e) Means of injury: Drowned
23. Signature: S. A. Goodin D.O. (M.D. or other)
Address: Louisiana Mo Date signed 7-10-45

1364 (Licensed Embalmer's Statement on Reverse Side)

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 Harry L Carroll

Licensed Embalmer No. 2439

P. O. Address Clarksville 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.