V. S. No. 2
50M—5-42
Rev. 5-17-39
I X32873

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED OCT 8 1945

STATE BOARD OF HEALTH OF MISSOURI

# STANDARD CERTIFICATE OF DEATH

State File No. 30570

Registration District No. 128 Primary Registration District No. 2008 Registrar's No. 769

1. PLACE OF DEATH:
(a) County GREENE
(b) City or town SPRINGFIELD
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 701 - N - SHERMAN
(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 GREENE
(c) City or town SPRINGFIELD
(If outside city or town limits, write "RURAL")
(d) Street No. 701 - SHERMAN
(If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME LULA LOVE HENDERSON
3. (b) If veteran, name war None
3. (c) Social Security No. UNK.
4. Sex Female 5. Color or race NEGRO 6. (a) Single, widowed, married, divorced MARRIED
6. (b) Name of husband or wife HENRY HENDERSON
6. (c) Age of husband or wife if alive UNK years
7. Birth date of deceased JULY (Month) 13 (Day) 1907 (Year)
8. AGE: Years 38 Months 2 Days 13 If less than one day hr. min.
9. Birthplace STRAFFORD (City, town, or county) MO (State or foreign country)
10. Usual occupation DOMESTIC
11. Industry or business
MOTHER FATHER
12. Name ALBERT LOVE
13. Birthplace SEYMOUR (City, town, or county) MO. (State or foreign country)
14. Maiden name MARY CARDWELL
15. Birthplace STRAFFORD (City, town, or county) MO (State or foreign country)
16. (a) Informant MRS MARY SMITH
(b) Address 701 - N - ~~JEFFERSON~~ SHERMAN
17. (a) BURIAL (Burial, cremation, or removal) (b) Date thereof 9-30-45 (Month) (Day) (Year)
(c) Place: burial or cremation DANFORTH CEMETERY
18. (a) Signature of funeral director H. Y. Smith
(b) Address 702 - N. Jefferson - Sfld, Mo
19. (a) 9-29-45 (Date received local registrar) (b) W. S. Hardy (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 9 day 26 year 1945 hour 2 minute 30 A.M.
21. I hereby certify that I attended the deceased from 7-18, 1945, to Sept. 25, 1945, that I last saw her alive on Sept 25, 1945, and that death occurred on the date and hour stated above.

| Immediate cause of death | Duration |
|---|---|
| Myo Cardial insufficiency | Mo. |
| Due to Carcinomatosis | 6 Mo. |
| Due to Cancer of Breast | Yr. |
| Other conditions (Include pregnancy within 3 months of death) | |

Major findings:
Of operations 50
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)
(b) Where did occur? Sfld, 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
23. Signature [illegible] (M. D.)
Address Medical - Springfield, Mo. Signed 9-29-45

(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.....

....., Registered Apprentice No.....,

working under my personal supervision.

Signed Herbert V Smith

Licensed Embalmer No. 4286

P. O. Address 702 - N - Jefferson

**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.**