

S. No. 2
DM-2-43
v. 5-17-39
P-I X35897

31201

DR. LEWELLEN
DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED SEP 29 1945

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. _____
Registrar's No. _____

Registration District No. 278 Primary Registration District No. 3054

1. PLACE OF DEATH:
(a) County Pike
(b) City or town Louisiana
(c) Name of hospital or institution Name 1
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____
In this community all his life (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Mo (b) County Pike 82
(c) City or town Louisiana 2
(d) Street No. 322 N 4th 1
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country: _____

3. (a) PRINT FULL NAME Douglas HENDERSON
(b) If veteran, name war No (c) Social Security No. no

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month Aug day 24
year 1945 hour 8 minute 30 p.m.
21. I hereby certify that I attended the deceased from Aug 29, 1945, to Aug 24, 1945
that I last saw him alive on on Aug 24, 1945
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
(b) Name of husband or wife Roda Carr 6. (c) Age of husband or wife if alive 67 years
7. Birth date of deceased Oct 24 - 1850 (Month) (Day) (Year)

Immediate cause of death _____
Due to Senility

8. AGE: Years 84 Months 10 Days 00 If less than one day hr. _____ min. _____

Due to _____
Other conditions Acute Bowel trouble. 96 hrs.
(Include pregnancy within 3 months of death)
Not specifically diagnosed

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

PHYSICIAN
Major findings _____
Operations _____
Of autopsy _____
Underline the cause to which death should be charged statistically.

10. Usual occupation Farmer

11. Industry or business Retired

12. Name James Samuel Henderson

13. Birthplace Pike Co Mo (City, town, or county) (State or foreign country)

14. Maiden name Nancy Arthur

15. Birthplace Pike Co Mo (City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Douglas Henderson

(b) Address Louisiana Mo 8/26/45

17. (a) Burial (b) Date thereof 8/26/45 (Month) (Day) (Year)

(c) Place: burial or cremation St. Vincent's in Pike Co Mo.

18. (a) Signature of funeral director J. Kelly

(b) Address Louisiana Mo

19. (a) 8/25-45 (b) J. Kelly (Registrar's Signature) (Date received local registrar)

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 Charles Lewellen MD (M. D. or other) Address Louisiana Mo Date signed 8/24/45

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

2
2
1

1169

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED

District Health Officer No. 10

District File Number 9-45-1417

Date Filed SEP 17 1945

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.....

George O. Hagner, Registered Apprentice No.....
working under my personal supervision.

Signed George O. Hagner

Licensed Embalmer No. 3173

P. O. Address Levenson, 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.