S. No. 2
M—8-43
5-17-39
X37823

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

40974

State File No.

FILED JAN 5 1946

Registration District No. 80 Primary Registration District No. 5307 Registrar's No. 10

1. PLACE OF DEATH:
(a) County Cole
(b) City or town Russellville, Rural, Mo.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Moreau Twp
(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 Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Cole 26
(c) City or town Russellville, Rural, 0
(If outside city or town limits, write "RURAL")
(d) Street No. South West 0
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No) 0
If yes, name country

3. (a) PRINT FULL NAME Bengaman Franklin Henderson
3. (b) If veteran, name war ------
3. (c) Social Security No. ---
4. Sex Male 0
5. Color or race White
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Virginia Lee Henderson
6. (c) Age of husband or wife if alive 80 years
7. Birth date of deceased February 12th, 1860 (Month) (Day) (Year)

8. AGE: Years 85 Months 9 Days 10 If less than one day hr. min.

9. Birthplace Near Russellville, Mo. (City, town, or county) (State or foreign country)
10. Usual occupation Farming
11. Industry or business
MOTHER FATHER
12. Name Exra Henderson
13. Birthplace Unknown (City, town, or county) (State or foreign country) 9
MOTHER
14. Maiden name Mary Ann Steenbergen
15. Birthplace Unknown (City, town, or county) (State or foreign country) 0
16. (a) Informant Miss Lucy Henderson
(b) Address Russellville, Mo.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Dec. 4 45 (Month) (Day) (Year)
(c) Place: burial or cremation Allen Cemetery
18. (a) Signature of funeral director H. N. Schubert
(b) Address Russellville, Mo.
19. (a) Dec. 3-1945 (Date received local registrar) (b) Mrs. Minnie Nittinger (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec. day 1st, 1945 year hour 5:45 P.M. minute M.

21. I hereby certify that I attended the deceased from Nov 20 1945 to Dec 1 1945 that I last saw him alive on Nov 23 1945 and that death occurred on the date and hour stated above.

Immediate cause of death Influenza with Chronic Myocarditis — Duration 10 days
Due to
Due to
Other conditions (Include pregnancy within 3 months of death)
Major findings: Of operations 335
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) 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? (Specify type of place)
While at work? (e) Means of injury 0

23. Signature Walter L Leslie (M. D. or other)
Address Russellville, Mo. Date signed 12/1/45

1439 (Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 9,
District File Number
Date Filed 1-3-46

JAN 10 1946

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 Hugo H. Schubert
Licensed Embalmer No. 2820
P. O. Address Russellville, 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.