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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JAN 15 1946

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 41218

Registration District No. 128 Primary Registration District No. 5466 Registrar's No. 1081

1. PLACE OF DEATH:

(a) County: GREENE

(b) City or town: RURAL, S. CAMPBELL TWP (If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: OZARK OSTEOPATHIC HOSPITAL (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 17 DAYS (Specify whether years, months or days)

In this community

2. USUAL RESIDENCE OF DECEASED: (MOTHER)

(a) State: MO (b) County: WEBSTER

(c) City or town: MARSHFIELD (If outside city or town limits, write "RURAL")

(d) Street No. (If rural, give location)

(e) Citizen of foreign country? NO (Yes or No)

If yes, name country

3. (a) PRINT FULL NAME: LeRoy Henderson

3. (b) If veteran, name war: None

3. (c) Social Security No. None

4. Sex: Male

5. Color or race: White

6. (a) Single, widowed, married, divorced: Infant

6. (b) Name of husband or wife: None

6. (c) Age of husband or wife if alive: XX years

7. Birth date of deceased: 12 (Month) – 6 (Day) – 45 (Year)

8. AGE: Years 0 Months 0 Days 3 If less than one day hr. min.

9. Birthplace: MARSHFIELD (City, town, or county) MO (State or foreign country)

10. Usual occupation: INFANT

11. Industry or business:

MOTHER FATHER

12. Name: JOE W. HENDERSON

13. Birthplace: MARSHFIELD (City, town, or county) MO. (State or foreign country)

14. Maiden name: PAULINE CANTRELL

15. Birthplace: MARSHFIELD (City, town, or county) MO. (State or foreign country)

16. (a) Informant: ELLIS RAY HENDERSON

(b) Address: MARSHFIELD, MO.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 12-29-45 (Month) (Day) (Year)

(c) Place: burial or cremation: Marshfield, Mo.

18. (a) Signature of funeral director: Rex Cauley By Dwight Rains

(b) Address: Marshfield Mo

19. (a) 12 29 45 (Date received local registrar) (b) J. M. Handley (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 12 day 27 year 45 hour 7:25 P.M. minute M.

21. I hereby certify that I attended the deceased from 12-20 19 45, to 12-27 19 45; that I last saw him alive on 12-27 19 45; and that death occurred on the date and hour stated above.

Immediate cause of death: Congenital heart disease

Due to

Due to

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations

Of autopsy

Duration

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

23. Signature: R. A. Michael M.D. (M.D. or other)

Address: Springfield, Mo Date signed 12-29-45

(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.....

Licensed Embalmer No.....

P. O. Address.....

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.