S. No. 2
M—5-43
v. 5-17-39
I X36671

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

FILED MAY 13 1946

State File No. 12577

Registration District No. 71 Primary Registration District No. 3012 Registrar's No. 57

1. PLACE OF DEATH:

(a) County Clay

(b) City or town Excelsior Springs, Mo.
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: 112 North St. 1
(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 Most of Life

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Clay 24

(c) City or town Excelsior Springs, Mo. 1
(If outside city or town limits, write "RURAL")

(d) Street No. 112 East North 1
(If rural, give location)

(e) Citizen of foreign country? no (Yes or No) 0

If yes, name country .....

3. (a) PRINT FULL NAME Anna Eliza Henderson

3. (b) If veteran, name war .....

3. (c) Social Security No. no

4. Sex Female 3

5. Color or race Colored

6. (a) Single, widowed, married, divorced W 2

6. (b) Name of husband or wife .....

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

7. Birth date of deceased March - 29 - 1878
(Month) (Day) (Year)

8. AGE: Years 68 Months 0 Days 28 If less than one day ..... hr. ..... min.

9. Birthplace Kirksville, Mo. 0
(City, town, or county) (State or foreign country)

10. Usual occupation Home

11. Industry or business .....

FATHER
12. Name Chas Bradshaw 9
13. Birthplace Unkown 1
(City, town, or county) (State or foreign country)

MOTHER
14. Maiden name unkown
15. Birthplace unkown 9
(City, town, or county) (State or foreign country)

16. (a) Informant Chas Henderson
(b) Address 112 E. North Excelsior Springs, Mo.

17. (a) Removal (Burial, cremation, or removal) (b) Date thereof 4-27-1946 (Month) (Day) (Year)
(c) Place: burial or cremation Kansas City, Mo.

18. (a) Signature of funeral director Claude Prichard
(b) Address Excelsior Springs, Mo.

19. (a) 5/1/46 (Date received local registrar) (b) Caroline Hutchings (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 27 year 1946 hour 8 minute 15 P. M.

21. I hereby certify that I attended the deceased from Jan. 8, 1946 to April 27, 1946 that I last saw her alive on April 24, 1946 and that death occurred on the date and hour stated above.

Immediate cause of death Decompensated Mitral insufficiency for years

Due to ✓

Due to ✓ 92

Other conditions Age & Arterial Sclerosis
(Include pregnancy within 3 months of death)

Major findings:
Of operations none made
Of autopsy none made

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 John F. Grace (M.D. or other) M.D.
Address Excelsior Springs Mo. Date signed 4/29/46

62 (Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 8,
District File Number.....
Date Filed 5-10-46

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 E. E. White

Licensed Embalmer No. 4168

P. O. Address Excelsior Springs, 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.