

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

Registration District No. 344

Primary Registration District No. 6162

Registrar's No. 9

1. PLACE OF DEATH: Stone
 (a) County Stone (Part of)
 (b) City or town Rural (Part of)
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution: /
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution _____ (Specify whether)
 In this community all life
 years, months or days

2. USUAL RESIDENCE OF DECEASED:
 (a) State Mo (b) County Stone
 (c) City or town Rural
 (If outside city or town limits, write "RURAL")
 (d) Street No. _____ (If rural, give location)
 (e) Citizen of foreign country? U.S.A. (Yes or No)
 If yes, name country _____

3. (a) PRINT FULL NAME EARL VERNON HENDERSON
 3. (b) If veteran, name war U. WAR II
 3. (c) Social Security No. 888-242339

4. Sex M 5. Color or race W
 6. (a) Single, widowed, married, divorced Married
 6. (b) Name of husband or wife Bettie Henderson
 6. (c) Age of husband or wife if alive 19
 7. Birth date of deceased DEC 15 1922
 (Month) (Day) (Year)

8. AGE: Years 24 Months 8 Days 24
 If less than one day hr. min.

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

10. Usual occupation CEDAR NOVELTIES

11. Industry or business CEDAR NOVELTIES
 12. Name Jas. T. Henderson
 13. Birthplace Kas (City, town, or county) (State or foreign country)
 14. Maiden name FLORENCE TITSWORTH
 15. Birthplace MO (City, town, or county) (State or foreign country)

16. (a) Informant Mrs. J. T. Henderson
 (b) Address Reeds Spring Mo

17. (a) Burial (b) Date thereof 11-9-46
 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Ebenham Cemetery
 P.O. W. Kelchek

18. (a) Signature of funeral director B. Brannon
 (b) Address Brannon Mo

19. (a) 11-19-46 (b) Myrtle Goforth
 (Date received by registrar) (Registrar's signature)

MEDICAL CERTIFICATION
 20. DATE OF DEATH: Month Nov day 8
 year 1946 hour 7 minute 20 A.M.
 21. I hereby certify that I attended the deceased from Nov 8 1946 to Nov 8 1946
 that I last saw him alive on Nov 8 1946
 and that death occurred on the date and hour stated above.

Immediate cause of death Probably blood clot in the heart
 Due to Arthritis
 Duration 2 1/2 hrs

Due to _____
 Other conditions _____
 (Include pregnancy within 3 months of death)

Major findings: Of operations 94A
 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? _____

While at work _____ (Specify type of place) (e) Means of injury _____
 23. Signature J. S. Shumate (M. D. or other) M.D.
 Address Reeds Spring Mo Date signed 11/8/46

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

APR 9 1947

SEP 22 1948

DEC 10 1948

SEP 22 1949

MAY 6 1951

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 *Muriel Whelchel*

Licensed Embalmer No. *2277*

P. O. Address *Branson 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.