

FILED MAR 21 1947
Registration District No. 203

Primary Registration District No. 6-8-8-8

Registrar's No. 1

1. PLACE OF DEATH:
(a) County. Ozark
(b) City or town. Rural- Jasper Twp.
(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 73 yrs
(Specify whether years, months or days)

3. (a) PRINT FULL NAME William H. Henderson
3. (b) If veteran, name war --- 3. (c) Social Security No. none

4. Sex male 5. Color or race white 6. (a) Single, widowed, married, divorced divorced
6. (b) Name of husband or wife Alice 6. (c) Age of husband or wife if alive 23 years
7. Birth date of deceased January 23 1874
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
73 0 21 hr. min.

9. Birthplace Ozark County Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation Farmer

11. Industry or business

12. Name J. R. Henderson
13. Birthplace Christian Co. Missouri
(City, town, or county) (State or foreign country)
14. Maiden name Alice Stewart
15. Birthplace Not known
(City, town, or county) (State or foreign country)

16. (a) Informant Willie Wells
(b) Address Isabella Mo
17. (a) Burial (b) Date thereof 2-17-47
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Hart Cemetery

18. (a) Signature of funeral director Christian Board Funeral Home
(b) Address Gainesville, Mo.
19. (a) 2-17-1947 (b) Mary H. Johnson
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
Missouri Ozark 77
(a) State (b) County
(c) City or town Dugginsville- rural
(If outside city or town limits, write "RURAL")
(d) Street No. 77
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month February 14
year 1947 day 6 hour P minute M.

21. I hereby certify that I attended the deceased from
that I last saw him alive on 19
and that death occurred on the date and hour stated above.

Immediate cause of death: Coronary Heart disease 5 min
Duration

Due to Death due to Natural Causes
Due to

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy 94A
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 3

23. Signature M. Haerman DO Coroner
Address Gainesville, Mo. Date 2-15-47

RECEIVED

District Health Officer No. 6,

District File Number 347-325

Date Filed MAR 13 1947

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.