

Registration District No. 274

Primary Registration District No. 3052

1. PLACE OF DEATH:

(a) County PETTIS  
(b) City or town SEDALIA  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution: BOTHWELL HOSP. O  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution. 4 MO. (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State MO (b) County PETTIS  
(c) City or town SEDALIA  
(If outside city or town limits, write "RURAL")  
(d) Street No. 1316 E 7TH ST  
(If rural, give location)  
(e) Citizen of foreign country? No (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME WALTER M HENDERSON

3. (b) If veteran, name war \_\_\_\_\_ 3. (c) Social Security No. \_\_\_\_\_

4. Sex MALE 5. Color or race WHITE 6. (a) Single, widowed, married, divorced WID. 2  
6. (b) Name of husband or wife EFFIE J. 6. (c) Age of husband or wife if alive \_\_\_\_\_ years  
7. Birth date of deceased 3 23 1876  
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>71</u>	<u>1</u>	<u>1</u>	hr. _____ min. _____

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

10. Usual occupation NURSERY MAN

11. Industry or business J.C. NICHOLS CO. K.C. MO.

12. Name HITE HENDERSON

13. Birthplace LEWIS CO. W. VA  
(City, town, or county) (State or foreign country)

14. Maiden name AMANDA FLETCHER

15. Birthplace LEWIS CO W. VA  
(City, town, or county) (State or foreign country)

16. (a) Informant MRS. JOE SWOPE

(b) Address SEDALIA MO

17. (a) BURIAL (b) Date thereof 4-26-47  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation CROWN HILL

18. (a) Signature of funeral director Geo Willard

(b) Address Sedalia, mo

19. (a) 4/26/47 (b) Betty Yeager  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month APR. day 24  
year 1947 hour 4 minute 30 P. M.

21. I hereby certify that I attended the deceased from \_\_\_\_\_ 1947, to 4-24 1947,  
that I last saw him alive on 4-24 1947,  
and that death occurred on the date and hour stated above.

Immediate cause of death: Edema of the lungs Duration 3 days

Due to Valvular Disease of the Heart Hypertension 3 yrs. 3 yrs.

Due to \_\_\_\_\_

Other conditions: Thrombosis of the left Popliteal Artery - a gangrenous condition of "L" foot & leg. (Refused Operation)  
Major findings: \_\_\_\_\_  
Of autopsy: No

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 Frank J. [unclear] (M. D. or other) MD.  
Address Sedalia, Mo. Date signed 4-26-47

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

70  
6  
4

RECEIVED

District Health Officer No. 8,

District File Number

Date Filed

5-2-47

APR 14 1950

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 John A. Carlton  
Licensed Embalmer No. 4387  
P. O. Address Sedalia, 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.