

S. No. 2
M-5-43
r. 5-17-39
I X36671

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED JUL 11 1947

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH
2000

State File No. 20578
Registrar's No. 553A

Registration District No. _____ Primary Registration District No. _____

1. PLACE OF DEATH:
(a) County GREENE
(b) City or town Springfield
(c) Name of hospital or institution:
233 W. Chase St.
(d) Length of stay: In hospital or institution _____
In this community 50 Years

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Greene
(c) City or town Springfield
(d) Street No. 233 W. Chase St.
(e) Citizen of foreign country? NO

3. (a) PRINT FULL NAME ELIJAH FRANK HENDERSON
3. (b) If veteran, name war none
3. (c) Social Security No. _____

4. Sex male 5. Color or race white
6. (a) Single, widowed, married, divorced married
6. (b) Name of husband or wife Ivah Henderson
6. (c) Age of husband or wife if alive 79 years
7. Birth date of deceased June 30 1852

8. AGE: Years Months Days If less than one day
94 II 18 hr. min.

9. Birthplace Unknown Ohio

10. Usual occupation Retired

11. Industry or business Frisco Railroad

MOTHER FATHER
12. Name Unknown
13. Birthplace Unknown
14. Maiden name Unknown
15. Birthplace Unknown

16. (a) Informant Mrs. Ivah Henderson
(b) Address 233 W. Chase Springfield, Missouri

17. (a) burial (b) Date thereof June 19, 1947
(c) Place: East Lawn

18. (a) Signature of funeral director Fred G. Thieme
(b) Address Springfield, Mo.

19. (a) 6-19-47 (b) W E Handley MD

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month June day 18th
year 1947 hour 4:30 P.M. minute _____ M.
21. I hereby certify that I attended the deceased from 6-8
to 6-8, 1947 to 6-18, 1947.
that I last saw him alive on 6-16, 1947,
and that death occurred on the date and hour stated above.

Immediate cause of death
Cerebral Hemorrhage
Due to Chronic Cardiovascular Disease
Duration 11 days
29 mo.

Other conditions
93.0

Major findings:
Of operations _____
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? _____
(d) Did injury occur in or about home, on farm, in industrial place, in public place? _____

23. Signature W E Handley MD (M. D. or other) _____
Address 221 1/2 E Commercial Date signed 6-19-47

(Licensed Embalmers' Statement on Reverse Side)

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

59
2
6

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..... *Fred C. Thieme*

Licensed Embalmer No. **2899**

P. O. Address **Springfield, 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.