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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **33967**
Registrar's No. **166**

FILED NOV 13 1947

Registration District No. **177**

Primary Registration District No. **3012**

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

1. PLACE OF DEATH:

(a) County Clay

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

(c) Name of hospital or institution:
112 North Main Street
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution _____
In this community 22 Years (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Clay **24**

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

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

(e) Citizen of foreign country? NO (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME CHARLES ANTHONY HENDERSON

3. (b) If veteran, name war No

3. (c) Social Security No. UNKNOWN

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month October day 26
year 1947 hour 4 A.M. minute _____ M.

21. I hereby certify that I attended the deceased from August 4,
1947 to October 26, 1947.
that I last saw him alive on October 26, 1947,
and that death occurred on the date and hour stated above.

4. Sex Male **2** 5. Color or race Negro

6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Hazel Garnett-Henderson 6. (c) Age of husband or wife if alive 47 years

7. Birth date of deceased July 28 1883
(Month) (Day) (Year)

Immediate cause of death Coronary Occlusion Duration immediat

Due to Coronary disease years

8. AGE:	Years	Months	Days	If less than one day
	<u>64</u>	<u>2</u>	<u>28</u>	hr. _____ min.

Due to _____

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

Major findings: GFA

Of operations _____

Of autopsy _____

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

10. Usual occupation Waiter

11. Industry or business _____

12. Name Wesley Henderson

13. Birthplace Edina Missouri
(City, town, or county) (State or foreign country)

14. Maiden name Anne Bradshaw

15. Birthplace Kirkville, Missouri
(City, town, or county) (State or foreign country)

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? _____

16. (a) Informant Hazel G. Henderson

(b) Address 112 N. Main - Excelsior Springs

17. (a) Burial (b) Date thereof 10/28/1947
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Elmwood Cemetery

18. (a) Signature of funeral director Claude Trichard

(b) Address Excelsior Springs, Mo.

19. (a) 10-25-47 (b) Caroline Hutchings
(Date received local registrar) (Registrar's signature)

While at work _____ (Specify type of place)

(c) Means of injury _____ **0**

23. Signature Berton Dawson (M. D. or other) _____
Address 101 S. St., Ex. Spgs, Mo. Date signed 10-28-47

District Health Officer No. 8,

District File Number.....

Date Filed 11-13-47

MAR 22 1948

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, as by.....
....., Registered Apprentice No.....
working under my personal supervision.

Signed E. F. White

Licensed Embalmer No. 4168

P. O. Address Excellior 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.