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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. 1

FILED OCT 22 1947

Registration District No. 192

Primary Registration District No. 4909

Registrar's No. 16

1. PLACE OF DEATH:

(a) County McDonald
(b) City or town Rural
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
None
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution.....
(Specify whether
In this community.....
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Mc Donald
(c) City or town Rural
(If outside city or town limits, write "RURAL")
(d) Street No. South West City, Mo. R#1
(If rural, give location)
(e) Citizen of foreign country?..... (Yes or No)
If yes, name country.....

3. (a) PRINT FULL NAME Benjamin Hill Henderson

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

4. Sex Male 5. Color or race W 6. (a) Single, widowed, married, divorced. Widowed
6. (b) Name of husband or wife Lyda Henderson 6. (c) Age of husband or wife if alive Dead years
7. Birth date of deceased April 30 1873
(Month) (Day) (Year)

8. AGE: Years 74 Months 2 Days 10 If less than one day
hr. min.

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

10. Usual occupation Farming

11. Industry or business

12. Name Thomas Henderson
13. Birthplace Georgia
(City, town, or county) (State or foreign country)
14. Maiden name Not known Potts
15. Birthplace Georgia
(City, town, or county) (State or foreign country)

16. (a) Informant C. E. Henderson

(b) Address South West City, Mo. R#1

17. (a) Burial (b) Date thereof 7/10/47
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Saratoga Cem

18. (a) Signature of funeral director W. Marie Potts

(b) Address Wheaton, Mo.

19. (a) 9-10-47 (b) Virginia Buck
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 9,
year 1947 hour 8 minute 40 A.M.

21. I hereby certify that I attended the deceased from July 4
1947 to July 19 1947;
that I last saw him alive on July 8 1947
and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral hemorrhage Duration 5 day
Due to arteriosclerosis 10 yrs

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

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? (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) (c) Means of injury

23. Signature D.P. Fountain M.D. or other Dr.
Address Moel Mo Date signed July 15

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

MOTHER FATHER

RECEIVED

District Health Officer No. 6,

District File Number 1042-1070

Date Filed OCT 20 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 Wm Morris Payne

Licensed Embalmer No. 34822

P. O. Address Wheaton, 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.