

S. No. 2
M-5-43
7-5-17-39
1 X36671

FILED DEC 17 1947

Registration District No. **200**

Primary Registration District No. **3041**

Registrar's No. **259**

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

1. PLACE OF DEATH:
 (a) County Macon
 (b) City or town Macon
 (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 _____ (Specify whether _____)
 In this community _____ years, months or days

3. (a) PRINT FULL NAME Anna Henderson
3. (b) If veteran, name war _____ **3. (c) Social Security** No. _____
4. Sex F **3** **5. Color or race** Negro **6. (a) Single, widowed, married, divorced** Widow
6. (b) Name of husband or wife _____ **6. (c) Age of husband or wife if** _____
 alive _____ years
7. Birth date of deceased 12 4 1855
 (Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>91</u>	<u>11</u>	<u>8</u>	_____ hr. _____ min.

9. Birthplace Macon County Mo.
 (City, town, or county) (State or foreign country)
10. Usual occupation Housewife

11. Industry or business _____
12. Name No. record
13. Birthplace _____
 (City, town, or county) (State or foreign country)
14. Maiden name _____
15. Birthplace _____
 (City, town, or county) (State or foreign country)

16. (a) Informant Mrs. John Wallace
(b) Address Macon, Mo.
17. (a) Burial (Burial, cremation, or removal) **(b) Date thereof** 11/14/47
 (Month) (Day) (Year)
(c) Place: burial or cremation Woodlawn, Macon, Mo.

18. (a) Signature of funeral director Albert S. Keim
(b) Address Macon, Mo.
19. (a) 12/8/47 **(b)** Pratt McNeely
 (Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
 (a) State Mo. (b) County Macon **61**
 (c) City or town Macon **2**
 (If outside city or town limits, write "RURAL")
 (d) Street No. _____ (If rural, give location) **2**
 (e) Citizen of foreign country? _____ (Yes or No) **0**
 If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov. day 12
 year 1947 hour 9 minute 20 a. M.
21. I hereby certify that I attended the deceased from 10/29/47 to same 19____;
 that I last saw her alive on 10/29/47 19____;
 and that death occurred on the date and hour stated above.

Immediate cause of death Chronic Myocardial Failure Duration 6 mos.

Due to Infermitus
 Due to of age.
 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)
 (e) Means of injury _____
23. Signature Dr. L. L. Dunder (M. D. or other) **2**
Address Macon **Date signed** 11/14/47

RECEIVED
District Health Officer No. 10
District File Number 12-471744
Filed DEC 15 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.....

Howard F. Myers....., Registered Apprentice No. 468
working under my personal supervision.

Signed Albert Skum.....

Licensed Embalmer No. 75-1

P. O. Address Macon 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.

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