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

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED APR 27 1948

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 11748

Registration District No. 33 — Primary Registration District No. 3010 — Registrar's No. 135

1. PLACE OF DEATH:
(a) County: Cape Girardeau
(b) City or town: Cape Girardeau
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: St. Francis Hospital 0
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution: one day (Specify whether years, months or days)
In this community: 1 day

2. USUAL RESIDENCE OF DECEASED:
(a) State: Mo. (b) County: St. Louis
(c) City or town: Overland, Missouri. 96
(If outside city or town limits, write "RURAL")
(d) Street No.: 13
(If rural, give location)
(e) Citizen of foreign country? No. (Yes or No) 1
If yes, name country: 1

3. (a) PRINT FULL NAME: WILLARD BRYAN HENDERSON
3. (b) If veteran, name war: —
3. (c) Social Security No.: —
4. Sex: Male 0
5. Color or race: White
6. (a) Single, widowed, married, divorced: Single 0
6. (b) Name of husband or wife:
6. (c) Age of husband or wife if alive: years
7. Birth date of deceased: 3 (Month) 11 (Day) 42 (Year)

8. AGE: Years 6 | Months 0 | Days 24 | If less than one day: hr. min.

9. Birthplace: Sikeston (City, town, or county) Mo. (State or foreign country) 0
10. Usual occupation: Student
11. Industry or business:

FATHER
12. Name: Oda Henderson
13. Birthplace: Patton, Mo. (City, town, or county) (State or foreign country) 0

MOTHER
14. Maiden name: Alma Gail Ables
15. Birthplace: Sikeston, Mo. (City, town, or county) (State or foreign country) 0

16. (a) Informant: Cline Ables
(b) Address: Sikeston, Mo.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: 4-7-48 (Month) (Day) (Year)
(c) Place: burial or cremation: Sikeston City Cemet.
18. (a) Signature of funeral director: Taylor Funeral Home
(b) Address: Sikeston, Missouri.
19. (a) 4-27-48 (Date received local registrar) (b) C. C. Summers (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 4 day 5 year 1948 hour 9 minute 45 A. M.
21. I hereby certify that I attended the deceased from 9 AM 4 APRIL, 1948, to 5 APRIL, 1948, that I last saw him alive on 5 APRIL, 1948 and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Acute Nephritis	10 days
Pneumonia	3 days
Heart Failure	12 hrs.
Due to —	
Due to —	
Other conditions (Include pregnancy within 3 months of death) —	

Major findings:
Of operations — 13
Of autopsy —

PHYSICIAN — Underline the cause of 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? — (Specify type of place)
While at work? — (e) Means of injury —
23. Signature: James A. Kinder (M. D. or other): MD
Address: Cape Girardeau Date signed: 14 April 48

Jefferson City Printing Co.

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED

District Health Officer No. 4

District File Number 448-542

Date Filed 4-26-68

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 James M. Scott

Licensed Embalmer No. 4350

P. O. Address East Braintree

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.