No. 2
-1/47
17-39

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED MAY 10 1948

Registration District No. 123

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

12310

State File No.

Primary Registration District No. 4206

Registrar's No. 29

1. PLACE OF DEATH:
(a) County: Harrison
(b) City or town: New Hampton
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Nursing Home 4
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution (Specify whether
In this community: 2 years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State: Missouri (b) County: Gentry 38
(c) City or town: Bogle Township 0
(If outside city or town limits, write "RURAL")
(d) Street No. 1
(If rural, give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME: Cora Mary Henderson
3. (b) If veteran, name war:
3. (c) Social Security No.

4. Sex: Female 1
5. Color or race: White
6. (a) Single, widowed, married, divorced: Widowed
6. (b) Name of husband or wife: Wm. A. Henderson
6. (c) Age of husband or wife if alive: years
7. Birth date of deceased: August 28 1872 (Month) (Day) (Year)

8. AGE: Years	Months	Days	If less than one day
75	7	17	hr. min.

9. Birthplace: Gentry Co. (City, town, or county) Missouri (State or foreign country) 0
10. Usual occupation: at home
11. Industry or business:
FATHER
12. Name: E. M. McLeod
13. Birthplace: Unk. (City, town, or county) Ohio 1 (State or foreign country)
MOTHER
14. Maiden name: Caroline Green
15. Birthplace: Gentry Co. (City, town, or county) Missouri 0 (State or foreign country)
16. (a) Informant: Wade Henderson
(b) Address: Albany, Missouri
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: 4/16/48 (Month) (Day) (Year)
(c) Place: burial or cremation: Prairie Chapel
18. (a) Signature of funeral director: [illegible]
(b) Address: Albany, Mo.
19. (a) April 16-48 (Date received local registrar) (b) Zola Burris (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 14 year 1948 hour 3 minute 15P. M.

21. I hereby certify that I attended the deceased from March 27th, 1948 to April 15th, 1948 and that I last saw her alive on April 15th, 1948 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Acute Cardiac Pneumonia	
Due to: Acute Cerebral Hemorrhage	20 days
Due to:	
Other conditions (Include pregnancy within 3 months of death):	
Major findings: Of operations:	
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 0

23. Signature: W. S. Campbell (M. D. or other)
Address: Albany Mo Date signed April 15th

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

Jefferson City Printing Co.

(Licensed Embalmer's Statement on Reverse Side)

DISTRICT HEALTH OFFICE
Cameron, Mo.

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 me

Registered Apprentice No.

working under my personal supervision.

Signed C. Alfred Burke

Licensed Embalmer No. 3329

P. O. Address Albany, Missouri

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.