

FILED MAY 13 1948

Registration District No. 172

Primary Registration District No. 3034

Registrar's No. 28

1. PLACE OF DEATH

(a) County Lafayette
(b) City or town Higginsville
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution 1

(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 yrs. 2 mos.
years, months or days

3. (a) PRINT FULL NAME Edward Henderson

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

4. Sex Male 5. Color or race Negro 6. (a) Single, widowed, married, divorced Widowed

6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased 12-20-1865
(Month) (Day) (Year)

8. AGE: Years 82 Months 3 Days 29 If less than one day _____ hr. _____ min.

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

10. Usual occupation Pensioner

11. Industry or business _____

12. Name Jerry Murphy 9

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

14. Maiden name Unknown 9

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

16. (a) Informant Bettie Turner

(b) Address Higginsville Mo

17. (a) Burial (b) Date thereof 4-12-48
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Dover, Mo

18. (a) Signature of funeral director Wagon and Sons

(b) Address Lexington, Missouri

19. (a) Apr 23-48 (b) Clayton K. Landrum
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Lafayette 51

(c) City or town Higginsville 2
(If outside city or town limits, write "RURAL")

(d) Street No. _____ (If rural, give location) 1

(e) Citizen of foreign country? _____ (Yes or No) 0

If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 19th
year 1948 hour 11 minute 50 P.M.

21. I hereby certify that I attended the deceased from April 17th
1948 to April 19th 1948
that I last saw him alive on April 17th 1948
and that death occurred on the date and hour stated above.

Immediate cause of death Acute endocarditis Duration _____

Due to _____

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) (e) Means of injury _____ 2

23. Signature Leon L. Spencer (M. D. or other) D.O.
Address Higginsville, Mo Date signed 4-20-48

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

File 133203

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..... *George H Green*

Licensed Embalmer No. *V 4220*

P. O. Address *Lexington 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.