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FEDERAL SECURITY AGENCY
National Office of Vital Statistics
FILED JUL 26 1948

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

22991

State File No. _____

Registration District No. 141

Primary Registration District No. 3025

Registrar's No. 20

1. PLACE OF DEATH:

(a) County St. Louis
(b) City or town West Plains
(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

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Ripley
(c) City or town Douglas
(If outside city or town limits, write "RURAL")
(d) Street No. _____ (If rural, give location)
(e) Citizen of foreign country? No. (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Ellen Blanch Henderson
3. (b) If veteran, name war _____
3. (c) Social Security No. _____

5. Color or race Female white
6. (a) Single, widowed, married, divorced single
6. (b) Name of husband or wife _____
6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased May 24 1878
(Month) (Day) (Year)

8. AGE: Years 70 Months 1 Days 10
If less than one day _____ hr. _____ min.

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

10. Usual occupation Housekeeper

11. Industry or business _____

12. Name M.A. Henderson
13. Birthplace _____
(City, town, or county) (State or foreign country)
14. Maiden name Mary Jane Maddox
15. Birthplace _____
(City, town, or county) (State or foreign country)

16. (a) Informant R.P. Henderson

(b) Address 111 Birch Ave. Columbia, Mo.

17. (a) Burial (b) Date thereof 7-6-48
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Cab Ridge Burial

18. (a) Signature of funeral director D. W. Edwards
(b) Address Douglas, Mo.

19. (a) July 12, 48 (b) Beatrice Cook
(Date received local registrar) (Registrar's signature) 274

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 4
year 1948 hour 12 minute 15 P.M.
21. I hereby certify that I attended the deceased from 22-2-48 to 4 July 1948
that I last saw her alive on 1 June 1948
and that death occurred on the date and hour stated above.

Immediate cause of death Thrombosis following Cerebral Hemorrhage
Due to Decubitus Area in Sacral Region
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 _____
23. Signature Beatrice Cook (M: D. or other) W.D.
Address West Plains, Mo. Date signed 12 July 48

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

MOTHER, FATHER

RECEIVED
7-19-48
District Health Officer No. 8
District File Number 248472
Date Recd. 7-19-48

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 *Velis Johnson*

Licensed Embalmer No. *4271*

P. O. Address *Doniphan, 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.