DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JUL 22 1948

Registration District No. 318

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 24362

Primary Registration District No.

Registrar's No. 6232

1003

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

1. PLACE OF DEATH:

(a) County

(b) City or town St. Louis, (If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: Frisco, Hospital 0 (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution (Specify whether years, months or days) In this community

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Henry 42

(c) City or town Blairstown. 0 (If outside city or town limits, write "RURAL")

(d) Street No. ? 0 (If rural, give location) R. R.

(e) Citizen of foreign country? no (Yes or No) 1

If yes, name country

3. (a) PRINT FULL NAME DOSSIE F. HENDERSON

3. (b) If veteran, name war no

3. (c) Social Security No. 702-63-9840

4. Sex Male 0

5. Color or race White

6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Zella Henderson

6. (c) Age of husband or wife if alive 58 years

7. Birth date of deceased June (Month) 22 (Day) 1889 (Year)

8. AGE: Years 59 Months 0 Days 21 If less than one day hr. min.

9. Birthplace Henry County (City, town, or county) Missouri 0 (State or foreign country)

10. Usual occupation Depot Agent

11. Industry or business Frisco R.R.

FATHER 12. Name Ellis Henderson.

13. Birthplace unknown (City, town, or county) Indiana 1 (State or foreign country)

MOTHER 14. Maiden name Louise Newman.

15. Birthplace unknown (City, town, or county) Missouri 0 (State or foreign country)

16. (a) Informant Mrs. Zella Henderson.

(b) Address Blairstown, Mo.

17. (a) Removal (Burial, cremation, or removal) (b) Date thereof July 14/48 (Month) (Day) (Year)

(c) Place: burial or cremation Blairstown, Missouri

18. (a) Signature of funeral director C.R. Lupton & Sons.

(b) Address 7233 Delmar Blvd.

19. (a) JUL 13 1948 (Date received local registrar) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 13 year 1948 hour 12 minute 50 A.M.

21. I hereby certify that I attended the deceased from June 22, 1948, to July 13, 1948 that I last saw him alive on July 12, 1948 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Coronary Thrombosis	2 days
Due to Myocardial degeneration	1 yr.
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? (Specify type of place)

While at work? (e) Means of injury

23. Signature Norman Miller (M. D. or other) 0 MD

Address 3610-16 S. Broadway Date signed 7-13-48

(Licensed Embalmer's Statement on Reverse Side)

AUG 2 1948

JUL 22 1948

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 Clarence H. Murray

Licensed Embalmer No. 4011.

P. O. Address St. Louis, 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.