. S. No. 2
0M—5-43
v. 5-17-39
I X36671

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED SEP 25 1948

Registration District No. 391

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 4484

State File No. 31737

Registrar's No. 23

1. PLACE OF DEATH:

(a) County Scott

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

(c) Name of hospital or institution: General Delivery 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 7 years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Scott 1 3

(c) City or town Commerce 3
(If outside city or town limits, write "RURAL")

(d) Street No. General Delivery 3
(If rural, give location)

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

If yes, name country ---------

3. (a) PRINT FULL NAME Victoria Howard

3. (b) If veteran, name war ---------

3. (c) Social Security No. -------

4. Sex Female 3

5. Color or race Negro

6. (a) Single, widowed, married, divorced Widowed 2

6. (b) Name of husband or wife Frank Howard

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

7. Birth date of deceased August 15, 1865
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	83	0	28	hr. min.

9. Birthplace Dallas, Texas 1
(City, town, or county) (State or foreign country)

10. Usual occupation Old Age Pensioner

11. Industry or business ----------

FATHER
12. Name Wm. H. Henderson
13. Birthplace Alabama 1
(City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Unknown
15. Birthplace Georgia 1
(City, town, or county) (State or foreign country)

16. (a) Informant County Welfare Office
(b) Address Benton, Missouri

17. (a) Burial (b) Date thereof Sept. 19, 1948
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Commerce, Mo. Cemetery

18. (a) Signature of funeral director F. L. Sparks
(b) Address Charleston, Missouri.

19. (a) Sept 21-48 (b) Mrs Addie Harris
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept. day 12
year 1948 hour 9:55 minute A. M.

21. I hereby certify that I attended the deceased from
, 19, to , 19;
that I last saw h alive on , 19;
and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
INFIRMITIES of Old Age	
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?
(Specify type of place)

While at work? (e) Means of injury 3

23. Signature Orville Taylor M.D. Coroner
Address Sikeston, Mo. Date signed 16 Sept 48

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Office No. 2,
District File Number 948-1208
Date Filed 9-22-48

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 Frank Spurlock

Licensed Embalmer No. 3455

P. O. Address Cape Girardeau 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.