

FILED NOV 4 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

34300

State File No.

BIRTH NO. REG. DIST. NO. 174 PRIMARY REG. DIST. NO. 4284 Registrar's No. 4

1. PLACE OF DEATH a. COUNTY <u>Lewis</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Lewis</u>	
b. CITY (If outside corporate limits, write RURAL and give OR TOWN <u>La Belle</u>)		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>La Belle,</u>	
c. LENGTH OF STAY (In this place)		d. STREET ADDRESS (If rural, give location)	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Life</u>			

3. NAME OF DECEASED (Type or Print) a. (First) <u>Rholen</u>			b. (Middle) <u>Henderson</u>			c. (Last) <u>Henderson</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Oct. 22, 1949</u>								
5. SEX <u>Male</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>		8. DATE OF BIRTH <u>Oct. 18, 1866</u>		9. AGE (In years last birthday) <u>83</u>		IF UNDER 1 YEAR Months <u>0</u>		IF UNDER 24 HRS. Days <u>4</u>		Hours <u></u>		Min. <u></u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farmer</u>				10b. KIND OF BUSINESS OR INDUSTRY <u>Farming</u>				11. BIRTHPLACE (State or foreign country) <u>Adams County</u>				12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>					

13a. FATHER'S NAME <u>Harry Henderson</u>			13b. MOTHER'S MAIDEN NAME <u>Sarah Henderson</u>			14. NAME OF HUSBAND OR WIFE <u>Martha Margaret Henderson</u>					
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) -----			16. SOCIAL SECURITY NO. -----			17. INFORMANT'S SIGNATURE OR NAME <u>Martha Margaret Henderson</u>			ADDRESS <u>La Belle, Mo.</u>		

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c). *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION 1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Chronic Endocarditis</u>						INTERVAL BETWEEN ONSET AND DEATH <u>15 yrs</u>	
		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____							
		11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Chronic Nephritis & Prostatitis</u>						<u>4214</u>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION						10 years or more	
								20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	

21a. ACCIDENT SUICIDE HOMICIDE (Specify)			21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)			21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)		
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.			21e. INJURY OCCURRED WHILE AT WORK? <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>			21f. HOW DID INJURY OCCUR?		

22. I hereby certify that I attended the deceased from May, 1945, to Oct 22, 1949, that I last saw the deceased alive on Oct 15, 1949 and that death occurred at 1:30 A m., from the causes and on the date stated above.

23a. SIGNATURE <u>Mauro B. Jones</u>			(Degree or title) <u>Dr.</u>			23b. ADDRESS <u>La Belle, Mo</u>			23c. DATE SIGNED <u>10/24/49</u>		
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>Oct. 24, 1949</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Mendon Cemetery</u>			24d. LOCATION (City, town, or county) (State) <u>Mendon Illinois</u>				

DATE REC'D BY LOCAL REG. <u>10-26-49</u>		REGISTRAR'S SIGNATURE <u>P. H. Jennings</u>		161		25. FUNERAL DIRECTOR'S SIGNATURE <u>Glenn J. Helader</u>		ADDRESS <u>LA BELLE, Mo</u>	
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(Licensed Embalmer's Statement on Reverse Side)

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

No. 300
10.4856
50

RECEIVED: OCT 31 1949
District Health Officer No. 10
District File Number 10-49-18
Date Filed OCT 31 1949

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 Myself

Student Embalmer No. _____

working under my personal supervision.

Signed _____

J. L. Wood Jr.
Licensed Embalmer No. 4328

Signed _____
Student Embalmer

P. O. Address La Belle, 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.