

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

FILED OCT 19 1949

34823

State File No. _____

Registrar's No. 18

BIRTH NO. _____ REG. DIST. NO. 306 PRIMARY REG. DIST. NO. 6048

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

1. PLACE OF DEATH a. COUNTY St. Charles		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before death) a. STATE Missouri b. COUNTY St. Charles	
b. CITY (If outside corporate limits, write RURAL and give town) Dardenne Twsp		c. CITY (If outside corporate limits, write RURAL and give township) "Rural" St. Charles Twsp	
c. LENGTH OF STAY (in this place) 1 day		d. STREET ADDRESS (If rural, give location) R.R. 3 (Boschertown)	
d. FULL NAME OF HOSPITAL OR INSTITUTION Mississippi River			

3. NAME OF DECEASED a. (First) Robert b. (Middle) N. c. (Last) Henderson			4. DATE OF DEATH (Month) (Day) (Year) October 2-1949		
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5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH February 28-1913	9. AGE (In years last birthday) 36	IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 24 HRS. Hours _____ Min. _____
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Owner	10b. KIND OF BUSINESS OR INDUSTRY Auto Service	11. BIRTHPLACE (State or foreign country) Farmington, Missouri	12. CITIZEN OF WHAT COUNTRY? U.S.A.
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13a. FATHER'S NAME Thomas Henderson	13b. MOTHER'S MAIDEN NAME Mary Mayberry	14. NAME OF HUSBAND OR WIFE Melba M. (Fowler) Henderson
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No	16. SOCIAL SECURITY NO. unknown	17. INFORMANT'S SIGNATURE OR NAME Mrs. Melba Henderson	ADDRESS R.R. 3 St. Charles Mo.
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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, asthma, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Drowning		
	ANTECEDENT CAUSES DUE TO (b) Motor boat accident Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (c) _____		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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21a. ACCIDENT SUICIDE HOMICIDE (Specify) accident	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office, bldg., etc.) Miss. river	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) Dardenne Twsp St. Charles Mo.
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) 10-2-49 3:35 P	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	21f. HOW DID INJURY OCCUR? 92
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22. I hereby certify that I ~~certified~~ ^{held inquest} the deceased from **Oct. 9**, 19 **49**, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at **3:35 P m.**, from the causes and on the date stated above.

23a. SIGNATURE Marion Murching Corona	(Degree or title)	23b. ADDRESS Wentzville MO	23c. DATE SIGNED 10-9-49
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE Oct 6-1949	24c. NAME OF CEMETERY OR CREMATORY Oak Grove Cemetery	24d. LOCATION (City, town, or county) (State) St. Charles, Missouri
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DATE REC'D BY LOCAL REG Oct 10-49	REGISTRAR'S SIGNATURE E. A. Keithley	25. FUNERAL DIRECTOR'S SIGNATURE H. C. Dallmeyer & Sons Co	ADDRESS 800 N. 2nd St. Charles, Mo.
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NOV 17 1949

RECEIVED
OCT 14 1949
District Health Officer No. 9,
District File Number

OC
OCT 17 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 4189

Student Embalmer No. _____

working under my personal supervision.

Student _____
Student Embalmer

Signed Joseph I Landolt

Licensed Embalmer No. 4189

P. O. Address St Charles 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.