

FILED JUL 14 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **20891**
18

BIRTH NO. _____ REG. DIST. NO. **257** PRIMARY REG. DIST. NO. **5881** Registrar's No. _____

1. PLACE OF DEATH a. COUNTY OSAGE		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Gasconade	
b. CITY (If outside corporate limits, write RURAL and give town or township) RURAL (Jefferson Township)		c. CITY (If outside corporate limits, write RURAL and give township) Bland, 0370	
d. FULL NAME OF HOSPITAL OR INSTITUTION highway 28 1/2 miles east of Bland, Mo.		d. STREET ADDRESS (If rural, give location) /	

3. NAME OF DECEASED (Type or Print) Albert Lester Henderson		4. DATE OF DEATH (Month) (Day) (Year) 6 - 29 - 51	
a. (First) of Bland, Mo. (Middle)		c. (Last)	

5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH Nov. 16-1907	9. AGE (In years last birthday) 43	IF UNDER 1 YEAR Months 7 Days 13	IF UNDER 24 HRS. Hours Min.
--------------------	-------------------------------	---	--------------------------------------	---	--	---

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Public Utilities	10b. KIND OF BUSINESS OR INDUSTRY Telephone	11. BIRTHPLACE (State or foreign country) Missouri	12. CITIZEN OF WHAT COUNTRY? USA
---	--	---	---

13a. FATHER'S NAME Frank Henderson	13b. MOTHER'S MAIDEN NAME Mary Scobee	14. NAME OF HUSBAND OR WIFE (ROSENBERG) Mary (Guisley) Henderson
---	--	---

15. WAS DECEASED EVER IN U.S. ARMED FORCES (Yes, no, or unknown) (If yes, give war or dates of service) no	16. SECURITY NO. 99-02-5278	17. INFORMANT'S SIGNATURE OR NAME unable to locate Mrs. Mary Henderson, Bland, Mo.	ADDRESS
---	------------------------------------	---	-----------------

18. CAUSE OF DEATH (Enter only one cause per line (a), (b), and (c)) <i>This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.</i>	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Multipile Skull Fracture and Internal injuries.		INTERVAL BETWEEN ONSET AND DEATH One hour 138161 26
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) The result of Automobile Accident on highway		
	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"/>
------------------------	----------------------------------	--

21a. ACCIDENT SUICIDE HOMICIDE (Specify) Accident	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) On Highway	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) Bland Mo.
--	--	--

21d. TIME (Month) (Day) (Year) (Hour) (Minute) OF INJURY June 29 - 51p m. 7:30	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? Automobile accident on Highway
---	--	--

22. I hereby certify that I attended the deceased from **19**, to **19**, that I last saw the deceased alive on **19**, and that death occurred at **7:30 P. m.**, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) Coroner	23b. ADDRESS Box 255, Bland, Mo.	23c. DATE SIGNED 6/30/51
---	---	---------------------------------

24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	24b. DATE 7/3/51	24c. NAME OF CEMETERY OR CREMATORY Calvary Cemetery	24d. LOCATION (City, town, or county) (State) St. Louis, Missouri
---	-------------------------	--	--

DATE REC'D BY LOCAL REG. July 2-1951	REGISTRAR'S SIGNATURE Za S. ...	25. FUNERAL DIRECTOR'S SIGNATURE Sassmann's Funeral Service-Bland.	ADDRESS
---	--	---	-----------------

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD
499-01-5279

60
3

File No. _____
DISTRICT HEALTH OFFICE No. 4

JUL - 9 1951

RECEIVED

JUL 25 1951

JUL 16 1951

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 _____

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed

Christa Sasmann

Licensed Embalmer No.

4178

P. O. Address

Blad-her

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.

THE STATE BOARD OF HEALTH OF MISSOURI
BUREAU OF VITAL STATISTICS

State of Missouri
County of City, St. Louis

State File No. 20891
Local Registrar's No.

AFFIDAVIT FOR CORRECTION OF A RECORD

On this 23rd day of July, 1951, before me appears Mary
Berhadette Rosenberg, who, upon Her oath, states that the original record of ^{birth} death
for Albert Lester Henderson, ^{died} June 29th, 1951, in the State of
^{born} Missouri, and which was filed at Jefferson City Mo. on July 14th 1951, should be corrected as follows:

Item No. 14 should read Mary (Rosenberg) Henderson

Instead of Mary (Quigley) Henderson

Item No. 16 should read Soc. Sec. #499-01-5279

Instead of Unable to locate

Item No. should read

Instead of

Item No. should read

Instead of

Item No. should read

Instead of

Item No. should read

Instead of

Item No. should read

Instead of

Item No. should read

Instead of

The above is true to the best of my knowledge, information and belief.

(SEAL)

Affiant Mary B. Henderson Wife
Relationship.

3435 Junista - St. Louis, Mo.
Present Address.

Subscribed and sworn to before me this 23rd day of July, 1951

My Commission expires July 13th, 1953
David J. Kearns Notary Public.

Affidavits containing erasures will not be accepted; draw one line through error and write above it.