No. 300
10.48

FILED MAR 6 1952

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

5931

State File No. .....

BIRTH NO. _____ REG. DIST. NO. 272 PRIMARY REG. DIST. NO. 4398 Registrar's No. 9

80
1

1. PLACE OF DEATH
a. COUNTY Pemiscot
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Holland
c. LENGTH OF STAY (in this place) 40 yrs
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location)

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Missouri
b. COUNTY Pemiscot
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Holland 1780
d. STREET ADDRESS (If rural, give location) 0

3. NAME OF DECEASED (Type or Print) a. (First) Charlie b. (Middle) Frank c. (Last) Henderson

4. DATE OF DEATH (Month) (Day) (Year) 1-28-52

5. SEX M 0
6. COLOR OR RACE white
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) married
8. DATE OF BIRTH 6-27-1875
9. AGE (In years last birthday) 76 | IF UNDER 1 YEAR Months 7 Days 1 | IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired
10b. KIND OF BUSINESS OR INDUSTRY —
11. BIRTHPLACE (State or foreign country) Henderson Co Tenn
12. CITIZEN OF WHAT COUNTRY? USA

13a. FATHER'S NAME C.F. Henderson
13b. MOTHER'S MAIDEN NAME Maricia Johnson
14. NAME OF HUSBAND OR WIFE Nancy J Henderson

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service) —
16. SOCIAL SECURITY NO. —
17. INFORMANT'S SIGNATURE OR NAME Mrs C B. Carrell ADDRESS Holland Mo

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, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cancer of Liver

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Dropsy
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Last of blood, Moenia

INTERVAL BETWEEN ONSET AND DEATH

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION 1561
20. AUTOPSY? YES ☐ NO ☐

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 ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Jan 23, 1952, *to* Jan 27, 1952, *that I last saw the deceased alive on* Jan 27, 1952, *and that death occurred at* 11 15/6 *m., from the causes and on the date stated above.*

23a. SIGNATURE D. C. McLean (Degree or title) 0
23b. ADDRESS Holland Mo
23c. DATE SIGNED 1-31-52

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial 0
24b. DATE 1-30-52
24c. NAME OF CEMETERY OR CREMATORY Mt Zion
24d. LOCATION (City, town, or county) (State) Steele Mo

DATE REC'D BY LOCAL REG. 3-1-52
REGISTRAR'S SIGNATURE S. L. Hennon 24-1-1
25. FUNERAL DIRECTOR'S SIGNATURE German Undt Co ADDRESS Steele Mo

(Licensed Embalmer's Statement on Reverse Side)

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

3-52-71

Rec. MAR 5 1952

S. B. Beecher, M. D.,
Pemiscot County Health Department,
Caruthersville, Missouri

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.....

.....,

working under my personal supervision.

Student Embalmer No.....

Signed John W. German

Signed.....
Student Embalmer

Licensed Embalmer No. A 355

P. O. Address Hayti, Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply w the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.