

RECEIVED OF THE CENSUS
DEC 9 1942

Registration District No. 38

Primary Registration District No. 3.006-5720

Registrar's No. 267

1. PLACE OF DEATH:

(a) County Boone
(b) City or town Columbia
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution Rol-Mar Apartments
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether)
In this community 17 Years
years, months or days

3. (a) PRINT FULL NAME DAISY HENDERSON

3. (b) If veteran, name war None 3. (c) Social Security No. None

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Widowed

6. (b) Name of husband or wife Sylvester Henderson 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased 3 - 12 - 1876
(Month) (Day) (Year)

8. AGE: Years 66 Months 8 Days 16 If less than one day _____ hr. _____ min.

9. Birthplace Monroe County Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation At Home

11. Industry or business _____

12. Name William Fairbairn

13. Birthplace Virginia
(City, town, or county) (State or foreign country)

14. Maiden name Sallie Bruton

15. Birthplace Kentucky
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. J.E. Fairbairn

(b) Address Columbia, Mo.

17. (a) Burial (b) Date thereof 11-30-42
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Columbia Cemetery

18. (a) Signature of funeral director Parson Funeral Service

(b) Address Columbia, Mo.

19. (a) 11-19-1942 (b) E. John H. Barber
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Boone
(c) City or town Columbia
(If outside city or town limits, write "RURAL")
(d) Street No. Rol-Mar Apartments
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov 28 day 28
year 1942 hour 3:20 minute _____ M.

21. I hereby certify that I attended the deceased from Nov 22 1942 to Nov 28 1942
that I last saw him alive on Nov 28 and that death occurred on the date and hour stated above.

Immediate cause of death Coronary Thrombosis
Due to General Arterio-Sclerosis

Other conditions (Include pregnancy within 3 months of death) 94a

Major findings: Of operations _____
Of autopsy _____

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? _____

While at work? _____ (Specify type of place) Means of injury _____
23. Signature Stephen H. Newirth (M. D. or other)
Address Columbia Date signed 11/29

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.

Signed.....
.....
Registered Apprentice No.....
.....
Licensed Embalmer No. 4132
P. O. Address Columbia, 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.