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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED JUL 22 1942

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

20959

State File No. _____

Registration District No. 213

Primary Registration District No. 3014

Registrar's No. 158

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD
26
5
4

1. PLACE OF DEATH:
(a) County Cole
(b) City or town Jefferson City
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: St. Marys Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 6 hrs.
(Specify whether _____)
In this community _____
years, months or days

2. USUAL RESIDENCE OF DECEASED: ⁶⁶
(a) State Mo. (b) County Miller
(c) City or town Clendon
(If outside city or town limits, write "RURAL")
(d) Street No. _____
(If rural, give location) 1
(e) If foreign born, how long in U. S. A.? _____ years.

3. (a) PRINT FULL NAME CARDLINE HENDERSON

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month June day 20
year 1942 hour 11 minute 40 P.M.

3. (b) If veteran, name war NO 3. (c) Social Security No. NO

21. I hereby certify that I attended the deceased from June 20 1942 to June 22 1942
that I last saw her alive on June 20 1942
and that death occurred on the date and hour stated above.

4. Sex FEMALE 5. Color or race WHITE 6. (a) Single, widowed, married, divorced WIDOWED

Immediate cause of death Fractured Skull
Due to Salonable Accident

6. (b) Name of husband or wife U.S. HENDERSON 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased Oct. 16 1868
(Month) (Day) (Year)

Due to _____
Due to _____
Other conditions (Include pregnancy within 3 months of death) NO

8. AGE: Years 73 Months 8 Days 4 If less than one day _____ hr. _____ min.

Major findings: Of operations 21 Of autopsy _____

9. Birthplace New York
(City, town or county) (State or foreign country)

PHYSICIAN _____
Underline the cause to which death should be charged statistically.

10. Usual occupation Housewife
11. Industry or business John H. Mass

12. Name John H. Mass
13. Birthplace Germany
(City, town, or county) (State or foreign country)

14. Maiden name _____
15. Birthplace Sophia Germany
(City, town or county) (State or foreign country)

16. (a) Informant B. H. Henderson

(b) Address Clendon, Mo.

17. (a) Burial (b) Date thereof 6-23-42
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation High Road

18. (a) Signature of funeral director Phelps Funeral
(b) Address Clendon, Mo.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify) Accident 066
(b) Date of occurrence June 20 - 42
(c) Where did injury occur Clendon Miller Mo
(City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place?
Public Highway near her home
While at work? No (Specify type of place) (e) Means of injury Struck by Automobile
23. Signature Phelps (M. D. or other) _____
Address Jefferson City Mo Date signed 6-22-42

19. (a) 6-21-42 (b) Norma Richter
(Date received local registrar) (Registrar's signature)

JUL 22 1942

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.....

Louis D. Phillips..... Registered Apprentice No.....
working under my personal supervision.

Signed *Louis D. Phillips*

Licensed Embalmer No. *3663*

P. O. Address *Bellevue*

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.