

3. No. 2
1-5-42
5-17-30
P 11 X32873

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

35574

State File No. _____

Registrar's No. 65

NOV 12 1943

Registration District No. 297

Primary Registration District No. 6022

1. PLACE OF DEATH:

(a) County Ray
(b) City or town Richmond Rural
(c) Name of hospital or institution: Richmond Free
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution. _____ (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

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

3. (a) PRINTED FULL NAME Norcissus Henderson

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

4. Sex Female 5. Color or race White
6. (a) Single, widowed, married, Divorced Widowed
6. (b) Name of husband or wife Cornelius Henderson
6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased Nov. 21 1866
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
76 10 27 hr. min.

9. Birthplace Millville Mo.
(City, town, or county) (State or foreign country)

10. Usual occupation House Wife

11. Industry or business _____

12. Name Warren A. Young

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

14. Maiden name Hattie Fauskee

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

16. (a) Informant Nellie Henderson

(b) Address Richmond Mo.

17. (a) Burial (b) Date thereof Oct. 20 1943
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Richmond Mo.

18. (a) Signature of funeral director Thurman
(b) Address Richmond Mo.

19. (a) Oct 1943 (b) Mrs. (Pha) W. Shipp
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct. day 18
year 1943 hour 12 minute 0 M.

21. I hereby certify that I attended the deceased from Sept 43 to Oct 18 1943
that I last saw her alive on Oct 14 1943
and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral hemorrhage
arterio-sclerosis

Due to _____
Due to _____

Other conditions (Include pregnancy within 3 months of death) _____

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) (Country) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? _____

While at work _____ (Specify type of place)
(e) Means of injury _____
Signature W. B. Jay (M. D. or other) _____
Address Richmond Mo. Date signed 10-20-43

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

MOTHER FATHER

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

1280

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED

District Health Officer No. 8,

File Number

Date Filed

11-11-43

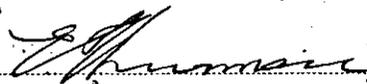
STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me; ~~###~~

Registered Apprentice No.

working under my personal supervision.

Signed



Licensed Embalmer No. 2073

P. O. Address. Richmond, 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.