

FILED OCT 14 1942

Registration District No. **316**

Primary Registration District No. **6074**

Registrar's No. **25**

1. PLACE OF DEATH:

(a) County **St. Francois**
(b) City or town **Deerlodge Mo.**
(c) Name of hospital or institution: **Randolph Sup**
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether)
In this community _____
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State **Mo** (b) County **St. Francois**
(c) City or town **Deerlodge**
(If outside city & 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) PRINT FULL NAME

WILLIAM R. HENDERSON

3. (b) If veteran, name war _____

3. (c) Social Security No. _____

4. Sex **Male** 5. Color or race **White** 6. (a) Single, widowed, married, divorced **Married**
6. (b) Name of husband or wife **Pearl Miller** 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased: **4** **13** **1902**
(Month) (Day) (Year)

8. AGE: Years **40** Months **5** Days **13** If less than one day hr. _____ min. _____

9. Birthplace **Bonns Terre, Mo.** (City, town, or county) (State or foreign country)

10. Usual occupation **mining**

11. Industry or business _____

12. Name **James Henderson**
13. Birthplace **Mo.** (City, town, or county) (State or foreign country)
14. Maiden name **Martha Butler**
15. Birthplace **Mo.** (City, town, or county) (State or foreign country)

16. (a) Informant **Mrs. Wm Henderson**
(b) Address **Deerlodge, Mo.**

17. (a) **Burial** (b) Date thereof **9-29-1942**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **St. Francois Mo.**

18. (a) Signature of funeral director **Caldwell Burns**
(b) Address **Flat River Mo.**

19. (a) **Sept 29 1942** (b) **Byrdie Buhmerstas**
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Sept** day **26** year **1942** hour **2** minute **PM** M.

21. I hereby certify that I attended the deceased from **By Inquest** duties, 19____, to _____, 19____, that I last saw h. _____ alive on _____, 19____, and that death occurred on the date and hour stated above.

Immediate cause of death **Falling rock in mine accident at natural end of Deerlodge mine.**

Due to _____

Due to _____

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations _____

Of autopsy _____

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) **Accident 094**

(b) Date of occurrence **September 26, 1942**

(c) Where did injury occur? **Deerlodge, St. Francois, Mo.**
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place?
Industrial Place - mines

While at work? **yes** (Specify type of place) (e) Means of injury **Falling Rock**

23. Signature **James Reutzel** (Specify type of place) (City or town) (County) (State) (Other)

Address **Deerlodge, Mo.** Date signed **9-29-42**

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

94
0
0

94

1196

RECEIVED

District Health Officer No. 4
District File Number 1042-1223
Date Filed 10-13-42

STATEMENT

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.....

R Caldwell....., Registered Apprentice No. 2531
working under my personal supervision.

Signed R Caldwell.....

Licensed Embalmer No. 2531

P. O. Address 71st River 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.