

JAN 13 1940

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

44952
Do not use this space.

1. PLACE OF DEATH 2
(a) County Haynes Registration District No. 891
(b) Township 1 Primary Registration District No. 6191 Registered No. 28
(c) City Piedmont, Mo. (d) Street No. _____ St.
(If death occurred in Hospital or Institution, write its name instead of street and number)
(e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U.S., if of foreign birth? yrs. mos. ds.
2. PRINT FULL NAME ABRAHAM HENSON
(a) Residence, No. Piedmont, Mo. St. (If nonresident, give city or town and State)
(Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) married
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) July 16, 1863
7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
76 4 19
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.
9. Industry or business in which work was done, as saw mill, bank, etc. Farmer
10. Date deceased last worked at this occupation (month and year) _____ 11. Total time (years) spent in this occupation _____
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Illinois

13. NAME James Henson
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Yorkburg, Va.
15. MAIDEN NAME Fanny Smith
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Missouri
17. INFORMANT (ADDRESS) Cynthia Henson, Piedmont, Mo.
18. BURIAL, CREMATION, OR REMOVAL PLACE Sparks DATE Dec 5, 1939
19. FUNERAL DIRECTOR (NAME) (ADDRESS) H. St. Gish, Piedmont, Mo.
20. FILED 12-4-39 J. C. Puley, M.D., Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec 4, 1939
22. I HEREBY CERTIFY, That I attended deceased from 11-28, 1939 to 12-4-39
I last saw deceased on 12-4-39. Death is said to have occurred on the date stated above, at 10:00 a.m.
The principal cause of death and related causes of importance were as follows:
Influenza and
Septic pneumonia
Date of onset _____
Other contributory causes of importance: HN
Name of operation _____ Date of _____
What test confirmed diagnosis? _____ Was there an autopsy? _____
23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? _____ Date of injury _____, 19____
Where did injury occur? _____ (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury _____
Nature of injury _____
24. Was disease or injury in any way related to occupation of deceased? _____
If so, specify _____ (Signed) J. C. Puley, M.D.
(Address) Piedmont, Mo.

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

FORM 17-35 I X 16605

Pyle

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.....

....., Registered Apprentice No.....
working under my personal supervision.

RECEIVED

District Health Officer No. 5,

District File Number 140 114

Date Filed 11 2 60

Signed Norman W. Gish
Licensed Embalmer No. 3387
P. O. Address Piedmont 7th

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, above space should be left blank.