

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.

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

1566

Do not use this space.

1. PLACE OF DEATH

(a) County Barry Registration District No. 31
(b) Township Butterfield Primary Registration District No. 6240 Registered No. 1
(c) City Butterfield (d) Street No. 1 St. Butterfield
(e) Length of residence in city or town where death occurred 10 yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME James William Henson

(a) Residence, No. Butterfield, Mo. R.F.D. St. Butterfield
(Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Lula Henson
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sept. 25, 1857
7. AGE YEARS 82 MONTHS 3 DAYS 6 If LESS than 1 day, hrs. or min.
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Farmer
9. Industry or business in which work was done, as saw mill, bank, etc.
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) Barry County, Mo.

13. NAME Samuel Henson

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown

15. MAIDEN NAME Drucila Perryman

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown

17. INFORMANT (ADDRESS) Mrs. Lula Henson
Butterfield, Mo. Route

18. BURIAL, CREMATION, OR REMOVAL PLACE Arnhart Cemetery DATE Jan. 2, 1940

19. FUNERAL DIRECTOR Horine Culver (ADDRESS) Cassville, Mo.

20. FILED Jan. 20, 1940 Donald Blackenship Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec. 30, 1939

22. I HEREBY CERTIFY, That I attended deceased from Oct 13, 1937, to Dec 30, 1939
I last saw him alive on Dec 27, 1939. Death is said to have occurred on the date stated above, at 10:00 p.m.
The principal cause of death and related causes of importance were as follows:
Chronic Myocarditis
Date of onset 10-13-37

Other contributory causes of importance:
arteriosclerosis
Emphysema
Hemiplegia
Name of operation Phy Date of Phy
What test confirmed diagnosis? Phy Was there an autopsy?

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? Phy Date of injury Phy, 19 Phy
Where did injury occur? Phy
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.

Manner of injury Phy
Nature of injury Phy

24. Was disease or injury in any way related to occupation of deceased?
If so, specify Phy
(Signed) J. D. Baldwin
(Address) Phy

RECEIVED

District Health Officer No. 6,

District File Number 240-274

Date Filed FEB 1 1940

HE

STATEMENT BY LICENSED EMBALMER

I, G. E. Culver, Licensed Embalmer No. 35-84

hereby certify that the body recorded on the reverse side of this certificate was embalmed by

No. J. C. Canada or by L. E., Registered Apprentice No. 225

working under my personal supervision.

Signed G. E. Culver

Licensed Embalmer No. 35-84

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.)