DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

# STANDARD CERTIFICATE OF DEATH

State File No. 18194

Registration District No. 197 Primary Registration District No. 5276A Registrar's No. 23

**1. PLACE OF DEATH:**

(a) County Clay

(b) City or town North Kansas City, Mo. (If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: A.B.S. bridge Highways 69-169-71 (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) In this community X X

**2. USUAL RESIDENCE OF DECEASED:**

(a) State Missouri (b) County Clay

(c) City or town Liberty, Missouri (If outside city or town limits, write "RURAL")

(d) Street No. 221 Groom St. (If rural, give location)

(e) If foreign born, how long in U. S. A.? years.

3. (a) PRINT FULL NAME Thomas Park Henson 505

3. (b) If veteran, name war no

3. (c) Social Security No. no

4. Sex male

5. Color or race white

6. (a) Single, widowed, married, divorced married

6. (b) Name of husband or wife Ollie Henson

6. (c) Age of husband or wife if alive 45 years

7. Birth date of deceased July (Month) 23 (Day) 1877 (Year)

8. AGE: Years 62 Months 7 Days 23 If less than one day hr. min.

9. Birthplace Platte County, Missouri (City, town, or county) (State or foreign country)

10. Usual occupation Carpenter & Contractor

11. Industry or business own

FATHER
12. Name Gale Cox Henson
13. Birthplace Kentucky (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Nancy Shields
15. Birthplace unknown (City, town, or county) (State or foreign country)

16. (a) Informant's own signature Ruth Henson

(b) Address Liberty, Missouri

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 3-18-40 (Month) (Day) (Year)

(c) Place: burial or cremation Liberty, Mo.

18. (a) Signature of funeral director Morton Funeral Home

(b) Address North Kansas City, Mo.

19. (a) May 3, 1940 (Date received local registrar) (b) John L. O'Neil (Registrar's signature)

**MEDICAL CERTIFICATION**

20. DATE OF DEATH: Month March day 16 year 1940 hour 12:05 minute A M.

21. I hereby certify that I attended the deceased from CORONER, 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 Automobile traumatism (accidental)

Due to car being side-swiped on bridge by hit and run motorist

Due to

Other conditions (Include pregnancy within 3 months of death) 210 M

Major findings: Of operations

Of autopsy

Duration

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)

(b) Date of occurrence March 16, 1940

(c) Where did injury occur? North Kansas City, Mo. (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? public highway (Specify type of place)

While at work? (e) Means of injury

23. Signature Mrs W L Mason Coroner (M. D. or other)

Address Liberty Clay Co Missouri Date signed 5/

(Licensed Embalmer's Statement on Reverse Side)

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.

RECEIVED
District Health Officer No. 8,
District File Number
Date Filed 6-12-40

**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 Harold L. Posson, Registered Apprentice No. ..... working under my personal supervision.

Signed Harold L. Posson

Licensed Embalmer No. 3605

P. O. Address North Kansas City, Mo

**Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply wi the above constitutes grounds for revocation of license.)**

**If this body is not embalmed, above space should be left blank.**