S. No. 2
—11-10-39
v. 5-17-39
I X21492

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

FILED SEP 3 1940

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

# STANDARD CERTIFICATE OF DEATH

State File No. 27825

Registration District No. 22 Primary Registration District No. 0031 Registrar's No. 54

**1. PLACE OF DEATH:**

(a) County Atchison

(b) ~~City or town~~ Rural Lincoln Twp 2
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
D D McGinnis Farm near Westboro 2
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution _____ (Specify whether
In this community I/2 day
years, months or days)

**2. USUAL RESIDENCE OF DECEASED:**

(a) State 0 Missouri (b) County Atchinson

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

(d) Street No. _____
(If rural, give location)

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

3. (a) PRINT FULL NAME James Ray Henson 525

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 Single

6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased October, 8, 1923
(Month) (Day) (Year)

8. AGE: Years 16 Months 8 Days 23 If less than one day _____ hr. _____ min.

9. Birthplace Page Iowa. 1
(City, town, or county) (State or foreign country)

10. Usual occupation Day Labor.

11. Industry or business Farm Work

FATHER
12. Name Loyd Ray Henson
13. Birthplace Ava Missouri 0
(City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Nellie Dunlap
15. Birthplace ~~Nellie~~ Ava Missouri 0
(City, town, or county) (State or foreign country)

16. (a) Informant Loyd R. Henson
(b) Address _____

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof July 3 - 40
(Month) (Day) (Year)
(c) Place: burial or cremation Tarkio, Home Cemetery

18. (a) Signature of funeral director J. M. Davis
(b) Address Tarkio Mo.

19. (a) July 2, 1940 (Date received local registrar) (b) A R Tucker (Registrar's signature)

**MEDICAL CERTIFICATION**

20. DATE OF DEATH: Month July day 1st
year 1940 hour 3 minute P M.

21. I hereby certify that I attended the deceased from _____, 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 Internal chest injuries caused by tractor being
Due to over turned on top of him.
Due to _____
Other conditions _____
(Include pregnancy within 3 months of death)
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) Accidental
(b) Date of occurrence July, 1st, 1940
(c) Where did injury occur? On D. D. McGinnis farm near Westboro (City or town) Atchison (County) Missouri (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? 967
(Specify type of place)
While at work? Yes (e) Means of injury Tractor

23. Signature [signature] (M. D. or other) 5
Address Westboro, Mo Coroner
Date signed July 1 - 1940

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 11,
District File Number 940-1325
Date Filed AUG 27 1940

**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.

Signed Jno. M. Davis

Licensed Embalmer No. 2394

P. O. Address Tarkio, 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.**