

STANDARD CERTIFICATE OF DEATH

State File No. 28174

Registration District No. 124

Primary Registration District No. 3009

Registrar's No. 289

1. PLACE OF DEATH:

(a) County Cape Girardeau
(b) City or town Cape Girardeau
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: St. Francis Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether
In this community 7 hrs years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County New Madrid
(c) City or town Morehouse
(If outside city or town limits, write "RURAL")
(d) Street No. Rural West
(If rural, give location)
(e) If foreign born, how long in U. S. A. ? _____ years.

3. (a) PRINT FULL NAME Adis Oniel Henson 525

3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex M 5. Color or race W 6. (a) Single, widowed, married, divorced _____

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

7. Birth date of deceased 8 25 40
(Month) (Day) (Year)

8. AGE: Years _____ Months _____ Days 3 If less than one day _____ hr. _____ min.

9. Birthplace Morehouse Mo.
(City, town, or county) (State or foreign country)

10. Usual occupation _____

11. Industry or business _____

12. Name Adis Oniel Henson

13. Birthplace Hartman Ark.
(City, town, or county) (State or foreign country)

14. Maiden name Donie Walker

15. Birthplace Newton Co. Ark.
(City, town, or county) (State or foreign country)

16. (a) Informant Bill Henson

(b) Address Morehouse Mo.

17. (a) Burial (b) Date thereof 8/29/40
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation McMullin Mo.

18. (a) Signature of funeral director John Alenton

(b) Address Sikeston Mo.

19. (a) 8-29-40 (b) Jim Thompson
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 8 day 29
year 40 hour 4 minute _____ M.

21. I hereby certify that I attended the deceased from August 20th
1940 to August 29, 1940;
that I last saw him alive on August 28th, 1940;
and that death occurred on the date and hour stated above.

Immediate cause of death Malnutrition

Due to Prematurity

Due to 59

Other conditions _____
(Include pregnancy within 3 months of death)

Major findings: Of operations None

Of autopsy None

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

(a) Accident, suicide, or homicide (specify) _____

(b) Date of occurrence _____

(c) Where did injury occur? _____ (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? _____

While at work? _____ (Specify type of place)

(e) Means of injury _____

23. Signature W. P. Waite (M. D. or other) _____

Address Sikeston, Mo. Date signed _____

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

MOTHER FATHER

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.....

Not Embalmed

Registered Apprentice No.....

working under my personal supervision.

Signed.....

John Allerton

Licensed Embalmer No.....

2941

P. O. Address.....

Sebaston m

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.