

Registration District No. 318

Primary Registration District No. 5439

Registrar's No. 1026

1. PLACE OF DEATH:

(a) County GREENE
(b) City or town Springfield (N. Campbell)
(c) Name of hospital or institution:
1307 Luster, Springfield, Mo. (Rural)
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____
In this community Lifetime (Specify whether years, months or days) 2

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Greene
City or town Springfield
(If outside city or town limit, write "RURAL")
(d) Street No. 1307 Luster
(If rural, give location)
(e) If foreign born, how long in U. S. A. ? _____ years.

8. (a) PRINT FULL NAME Clifford Carl Henson

3. (b) If veteran, name war no 3. (c) Social Security No. none

4. Sex Male 5. Color or race White
6. (a) Single, widowed, married, divorced Single
6. (b) Name of husband or wife None
6. (c) Age of husband or wife if alive XX years
7. Birth date of deceased Oct. 13 1940
(Month) (Day) (Year)

8. AGE: Years 1 Months 2 Days 10
If less than one day hr. min.

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

10. Usual occupation None

11. Industry or business _____

MOTHER FATHER { 12. Name Clifford ##### Henson
13. Birthplace Highlandville, Mo.
(City, town, or county) (State or foreign country)
14. Maiden name Gladys Mc. Clure
15. Birthplace Stott City Mo.
(City, town, or county) (State or foreign country)

16. (a) Informant Clifford Henson
(b) Address 1307 Luster, Springfield, Mo.

17. (a) Burial (b) Date thereof Dec. 24, 1940
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Yakly Cemetery

18. (a) Signature of funeral director Dunn Funeral Home
(b) Address Springfield, Mo.

19. (a) 12-24-40 (b) W. E. Handley MD
(Date received local registrar) (Registrar's Signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec. day 23
year 1940 hour Between 12 & 6 A.M. minute _____

21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____;
that I last saw him in dead alive on Dec 23, 1940;
and that death occurred on the date and hour stated above.

Immediate cause of death Edema glottis Duration 3 hrs

Due to 1. Mediastinitis
2. Laryngo-tracheo-bronchitis

Due to _____

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

Major findings: Of operations: _____
Of autopsy Edema glottis
Mediastinitis

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) accident

(b) Date of occurrence 12-23-40

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

(d) Did injury occur in or about home, on farm, in industrial place, in public place?
found dead in bed
While at work? _____ (Specify type of place) (e) Means of injury _____

23. Signature L. M. White (M. D. or other) _____
Address Parsons garage Date signed 12/24/40

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

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.....

.....
Licensed Embalmer No.

.....
P. O. Address.....

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.