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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED AUG 19 1941

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 25902

Registration District No. 712 Primary Registration District No. 4427 Registrar's No. 24

1. PLACE OF DEATH:
(a) County Pulaski
(b) City or town Richland
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: /
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution (Specify whether
In this community years, months or days) All life

2. USUAL RESIDENCE OF DECEASED:
(a) State Mo (b) County Pulaski
(c) City or town Richland
(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 Leonard Gene Hinson (Henson)
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~~ Yes
6. (b) Name of husband or wife —
6. (c) Age of husband or wife if alive — years
7. Birth date of deceased 4 (Month) 3 (Day) 41 (Year)

8. AGE: Years	Months	Days	If less than one day
	3	26	hr. min.

9. Birthplace Richland Mo (City, town, or county) (State or foreign country)
10. Usual occupation at home
11. Industry or business —
FATHER
12. Name Everett Henson
13. Birthplace Camden Co Mo (City, town, or county) (State or foreign country)
MOTHER
14. Maiden name Lindall Chapman
15. Birthplace Laclede Co Mo (City, town, or county) (State or foreign country)
16. (a) Informant Everett Henson
(b) Address Richland Mo
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 7 (Month) 29 (Day) 41 (Year)
(c) Place: burial or cremation Oak Lawn
18. (a) Signature of funeral director R B Jeeper
(b) Address Richland Mo
19. (a) July 29, 1941 (Date received local registrar) (b) Everett A Oliver (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 7 day 29-41
year 1941 hour 3 am minute 15 M.
21. I hereby certify that I attended the deceased from 7-27-41, 19 to 7-29-, 19 41
that I last saw him alive on 7-28-41, 19 ;
and that death occurred on the date and hour stated above.

Immediate cause of death — Duration
Foreign articles in intestines malnutrition
Due to
Due to
Other conditions
(Include pregnancy within 3 months of death)
Major findings:
Of operations none
Of autopsy none

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 —
(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?
(Specify type of place)
While at work? (e) Means of injury
23. Signature R Hawkett (M. D. or other)
Address Richland Mo Date signed 7-29-41

(Licensed Embalmer's Statement on Reverse Side)

CEIVED
aski County Health Officer
Number 8-41-36
Filed 8-11-41

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 the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.