

S. No. 2  
1-14-41  
7-5-17-39  
PI X26390

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

41415

State File No. \_\_\_\_\_

FILED JAN 15 1943  
Registration District No. 237

Primary Registration District No. 4353

Registrar's No. 37

1. PLACE OF DEATH:

(a) County New Madrid

(b) City or town Hudson  
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: 1  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution \_\_\_\_\_  
In this community 30 days (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County New Madrid

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

(d) Street No. \_\_\_\_\_ (If rural, give location)

(e) Citizen of foreign country? Yes No (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME Donald Lee Henson

3. (b) If veteran, name war \_\_\_\_\_

3. (c) Social Security No. \_\_\_\_\_

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec day 19 1942  
year 1942 hour 2 minute 0 A.M.

21. I hereby certify that I attended the deceased from \_\_\_\_\_ 19\_\_\_\_ to \_\_\_\_\_ 19\_\_\_\_  
that I last saw him \_\_\_\_\_ alive on \_\_\_\_\_ 19\_\_\_\_  
and that death occurred on the date and hour stated above.

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 Oct 28 1942  
(Month) (Day) (Year)

Immediate cause of death No Medical Attendant by all usual death was due to  
Due to Smothered to death by the cover.

Due to \_\_\_\_\_

8. AGE: Years \_\_\_\_\_ Months 1 Days 21 If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

Other conditions (Include pregnancy within 3 months of death) \_\_\_\_\_

Major findings: Of operations \_\_\_\_\_

Of autopsy \_\_\_\_\_

9. Birthplace Detroit Michigan  
(City, town, or county) (State or foreign country)

10. Usual occupation Infant

22. If death was due to external causes, fill in the following: 072

(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? \_\_\_\_\_

11. Industry or business \_\_\_\_\_

12. Name Roy Hasty

13. Birthplace Monte Mo  
(City, town, or county) (State or foreign country)

14. Maiden name Wanda Henson

15. Birthplace Blountfield Mo  
(City, town, or county) (State or foreign country)

16. (a) Informant Jamie A. Henson

(b) Address Hudson Mo.

23. Signature Les Hedgkott (Specify type of place) \_\_\_\_\_ (e) Means of injury \_\_\_\_\_  
Address New Madrid Mo Date signed 12/22

17. (a) Burial (b) Date thereof Dec 19-42  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Stanfield Cem

18. (a) Signature of funeral director Les B. Meentemeyer

(b) Address Hudson Mo.

19. (a) Dec 19-42 (b) Wanda Mae  
(Date received local registrar) (Registrar's signature)

538 (Licensed Embalmer's Statement on Reverse Side)

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

72  
1  
0

72  
0

MOTHER FATHER

PHYSICIAN  
Underline the cause to which death should be charged statistically.

182-2  
16

RECEIVED

District No. 08. No.

District File Number 143-61

Date Filed 1-6-43

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**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, fact should be so stated above.**