

FILED AUG 12 1943

Registration District No. 238

Primary Registration District No. 3007

Registrar's No. 238

1. PLACE OF DEATH:

(a) County BUTLER

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

(c) Name of hospital or institution:  
BRANDON D. HOSP.  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 12 HOURS  
(Specify whether)

In this community ✓  
(years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State MISSOURI (b) County WAYNE

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

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

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

3. (a) PRINT FULL NAME EVERTT MARROE HENSON

3. (b) If veteran, name war ✓

3. (c) Social Security No. ✓

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 21  
year 1943 hour 10 minute 25 P.M.

4. Sex MALE 5. Color or race W

6. (a) Single, widowed, married, divorced MARRIED

6. (b) Name of husband or wife LUCY LRAE HENSON

6. (c) Age of husband or wife if alive 44 years

7. Birth date of deceased MAY 11 1897  
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from 12:45 P.M. July 23 1943 to 10:35 P.M. July 23 1943  
that I last saw him alive on July 23 1943  
and that death occurred on the date and hour stated above.

8. AGE: Years 46 Months 2 Days 12  
If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

Immediate cause of death Cerebral hemorrhage (hemiplegia) 24 Hrs.

Due to Chronic Nephritis 145 Hrs.

9. Birthplace WAYNE COUNTY MISSOURI  
(City, town, or county) (State or foreign country)

Other conditions (Include pregnancy within 3 months of death) 1318

10. Usual occupation LUMBER MAN

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

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

11. Industry or business LUMBER

12. Name NOAH HENSON

13. Birthplace WAYNE COUNTY MISSOURI  
(City, town, or county) (State or foreign country)

14. Maiden name SUSAN KERR

15. Birthplace WAYNE COUNTY MISSOURI  
(City, town, or county) (State or foreign country)

16. (a) Informant LUCY LRAE HENSON

(b) Address PIEDMONT, MISSOURI

17. (a) BURIAL (Burial, cremation, or removal) (b) Date thereof July 25 43  
(Month) (Day) (Year)

(c) Place: burial or cremation SPARKE CEM.

18. (a) Signature of funeral director [Signature]

(b) Address Piedmont, Missouri

19. (a) 7-29-43 (Date received local registrar) (b) [Signature] (Registrar's signature)

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) \_\_\_\_\_  
\_\_\_\_\_ (Specify type of injury)

23. Signature [Signature] (M. D. certifier)  
Address Poplar Bluff, Mo Date signed 7/27/43

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

2793

RECEIVED

District Health Office No. 2,

District File Number 843-1007

Date Filed 8-4-43

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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 Norman W. Gish

Licensed Embalmer No. 3387

P. O. Address Piedmont, Missouri

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.