

FILED DEC 22 1943

Registration District No. 123

Primary Registration District No. 5457

Registrar's No. 10

1. PLACE OF DEATH:

(a) County Greene (Cass Township)
(b) City or town Brighton, R
(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 Since Nov 8th, 1943 years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Greene
(c) City or town Cape Fair R
(If outside city or town limits, write "RURAL")
(d) Street No. Two miles West (If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Alice Jane Henson

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

4. Sex F 5. Color or race W 6. (a) Single, widowed, married, divorced, Widowed
6. (b) Name of husband or Marion Henson 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased May 27 1857 (Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
86 5 21 _____ hr. _____ min.

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

10. Usual occupation Hwf

11. Industry or business _____

MOTHER FATHER { 12. Name Baker
13. Birthplace Unknown (City, town, or county) (State or foreign country)
14. Maiden name Unknown
15. Birthplace _____ (City, town, or county) (State or foreign country)

16. (a) Informant Roy Henson (son)

(b) Address Adair Oklahoma

17. (a) Car Burial (b) Date thereof Nov 19/43 (Month) (Day) (Year)
(c) Place: burial or cremation Carney Cemetary

18. (a) Signature of funeral director J. F. King

(b) Address Adair Mo

19. (a) Nov 19 1943 (b) Melrose Mearray (Date received local Registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov day 18th, 1943.
year _____ hour 1:10 minute A M.

21. I hereby certify that I attended the deceased from Nov 8- 1943 to Nov 12 1943; that I last saw her alive on Nov 12 1943 and that death occurred on the date and hour stated above.

Immediate cause of death 3rd Stroke of Paralysis & Senility

Due to _____

Due to _____

Other conditions (Include pregnancy within 3 months of death) 83a1

Major findings: Of operations _____

Of autopsy _____

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) (c) Means of injury _____

23. Signature J. W. Baberms (M. D. or other) _____

Address Walnut Grove, Mo Date signed Nov 18-43

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

29
00
00

MOTHER FATHER

1245

RECEIVED

Greene County Health Office,

County File Number 43-12-127

Date Filed 12/17/43

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

Herman Surridge

Licensed Embalmer No. 3072

P. O. Address Curran Mo.

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.