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42
7-39
K32873

State File No.

FILED FEB 24 1944

Registration District No. 248

Primary Registration District No. 4369

Registrar's No.

1. PLACE OF DEATH:

(a) County Newton
(b) City or town Seneca
(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 (Specify whether)
In this community 65 years
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Newton ⁷³
(c) City or town Seneca ⁴
(If outside city or town limits, write "RURAL") ⁵
(d) Street No. (If rural, give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country U

3. (a) PRINT FULL NAME BENJAMIN MONROE HENSON

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

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced married
6. (b) Name of husband or wife Estella Hill 6. (c) Age of husband or wife if alive 62 years
7. Birth date of deceased Sept. 9 1874
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
69 4 0 hr. min.

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

10. Usual occupation Common Laborer

11. Industry or business Common Laborer

MOTHER FATHER
12. Name William R. Henson
13. Birthplace Kentucky
(City, town, or county) (State or foreign country)
14. Maiden name Virginia A. Pitts
15. Birthplace Unknown
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Estella Henson
(b) Address Seneca Mo.

17. (a) Burial (b) Date thereof 1-11-44
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Seneca Mo.

18. (a) Signature of funeral director W. B. Buzzard
(b) Address Seneca Mo.

19. (a) Jan 14, 1944 (b) Hettie Napper
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan day 9
year 1944 hour 8 AM minute 8 AM

21. I hereby certify that I attended the deceased from 19..... to 19.....;

that I last saw him alive on and that death occurred on the date and hour stated above.

Immediate cause of death Coronary Artery Disease
Duration 2 weeks

Due to Influenza 3 weeks

Due to

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations 90 R Of autopsy
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?

While at work? (Specify type of place) Means of injury

23. Signature John B. Roberts (M. D. or other) MD
Address 20. Poplar St. Seneca Mo. Date signed Jan 12-44

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

1552

RECEIVED

1-5-44

District Health Officer No. -----

District File Number 144-6 -----

Date Filed 1-7-44 -----

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

B. W. Bugard

Licensed Embalmer No.

2334

P. O. Address

Seneca 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.