

FILED JUL 7 1944

Registration District No. 299

Primary Registration District No. 6025

Registrar's No. _____

1. PLACE OF DEATH:

(a) County Reynolds
(b) City or town Rural, Black River
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
two miles W. of Black
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 1
(Specify whether years, months or days) One year 6 months

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Reynolds 90
(c) City or town Rural (If outside city or town limits, write "RURAL") 0
(d) Street No. 2 miles W. of Black
(If rural, give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country 0

3. (a) PRINT FULL NAME Charles Elija Henson

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

4. Sex male 5. Color or race white 6. (a) Single, widowed, married, divorced widowed

6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased Sept 19 1876
(Month) (Day) (Year)

8. AGE: Years 67 Months 8 Days 24 If less than one day hr. _____ min. _____

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

10. Usual occupation Lumber mill

11. Industry or business

12. Name Benjamin Henson
13. Birthplace Franklin
(City, town, or county) (State or foreign country)
14. Maiden name Mary Ford
15. Birthplace Franklin
(City, town, or county) (State or foreign country)

16. (a) Informant O. F. Henson

(b) Address Black Mo.

17. (a) burial (b) Date thereof 6-14-44
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Reynolds Mo.

18. (a) Signature of funeral director Norman White & Sons

(b) Address 212 West Ironton Mo.

19. (a) June 14 1944 (b) Mrs. Mary Wellington
(Date received by registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 13
year 1944 hour 4 minute 30 A.M.

21. I hereby certify that I attended the deceased from Feb 8 to June 10 1944
that I last saw him alive on June 2 1944
and that death occurred on the day and hour stated above.

Immediate cause of death: Chronic Nephritis
Duration _____

Due to _____
Due to _____
Other conditions: _____
(Include pregnancy within 3 months of death)

Major findings: 131
Of operations _____
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 year
(c) Where did injury occur? home (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place?

While at work? no (Specify type of place) (e) Means of injury _____
Signature J. G. Dillard (M. D. or other) _____
Address Salmon Mo Date signed 6-13-44

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

00

RECEIVED

District Health Officer No. 5,

District File Number 744344

Date Filed 7-8-44

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 Arnold White

Licensed Embalmer No. 3012

P. O. Address Sumner Ave

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.