No. 2
—5-42
5-17-39
1 X37873

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED NOV 20 1944

Registration District No. 3843

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 38177

Primary Registration District No. ~~5655~~ 3037

Registrar's No. 115

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

1. PLACE OF DEATH:

(a) County: Lawrence

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

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

(d) Length of stay: In hospital or institution ..... In this community all his life
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State: Missouri (b) County: Lawrence

(c) City or town: Mt Vernon Mo
(If outside city or town limits, write "RURAL")

(d) Street No.: x
(If rural, give location)

(e) Citizen of foreign country? x (Yes or No)

If yes, name country: x

3. (a) PRINT FULL NAME: Charles Jesse Henson

3. (b) If veteran, name war: x

3. (c) Social Security No.: x

4. Sex: Male

5. Color or race: White

6. (a) Single, widowed, married, divorced: Married

6. (b) Name of husband or wife: Ada Henson

6. (c) Age of husband or wife if alive: 57 years

7. Birth date of deceased: June (Month) 15th (Day) [illegible] (Year)

8. AGE: Years 66 Months 2 Days 18 If less than one day ..... hr. ..... min.

9. Birthplace: Lawrence Co. (City, town, or county) O (State or foreign country)

10. Usual occupation: Grocery Merchant

11. Industry or business: x

FATHER
12. Name: Jesse Henson
13. Birthplace: Not Known (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name: Hannah M. Doty
15. Birthplace: Not Known (City, town, or county) (State or foreign country)

16. (a) Informant: Mrs Charles J. Henson
(b) Address: Mt Vernon Mo

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: Sept. 6 1944 (Month) (Day) (Year)
(c) Place: burial or cremation: Lost Cemetery

18. (a) Signature of funeral director: Geo. B. Orr
(b) Address: Mt Vernon Mo

19. (a) Sept 5/44 (Date received local registrar) (b) Andy Crawford (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept. day 3rd year 1944 hour 1:35 minute a M.

21. I hereby certify that I attended the deceased from April 1 1944 to Sept 3 1944 that I last saw him alive on Sept 3 1944 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Infarction of Coronary artery	3 hrs
Due to:	
Due to: Advanced Coronary Sclerosis	1 yr +
Other conditions (Include pregnancy within 3 months of death):	

Major findings: Of operations: none

Of autopsy: none

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

P A Holmes M.D.

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? (Specify type of place)

While at work? (e) Means of injury:

23. Signature: P A Holmes (M. D. or other)

Address: Mt Vernon Mo Date signed: 9-5-44

1338 (Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 6,
District File Number 1144-175-8
Date Filed NOV 14 1944

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 Geo. B. Orr

Licensed Embalmer No. 946

P. O. Address Mt. Vernon, 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.