

FILED MAY 31 1945
27883

Registration District No. 27883

Primary Registration District No. 3655

Registrar's No. 60

1. PLACE OF DEATH:

(a) County Lawrence
(b) City or town Mt. Vernon, Missouri
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
Missouri State Sanatorium
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 26 days
(Specify whether
In this community 26 days
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Lawrence
(c) City or town Miller
(If outside city or town limits, write "RURAL")
(d) Street No. _____
(If rural, give location)
(e) Citizen of foreign country? 0 (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 13th
year 1945 hour 12:20 minute P M.

21. I hereby certify that I attended the deceased from Jan 19th 45 to March 13 1945
that I last saw him alive on March 13 1945
and that death occurred on the date and hour stated above.

Immediate cause of death Pulmonary Tuberculosis Abt 10 mos.

Due to _____
Due to _____

Other conditions Silicosis, Cor pulmonale.
(Include pregnancy within 3 months of death)

Major findings:
Of operations _____
Of autopsy 13A

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) (e) Means of injury D

23. Signature Charles B. Grasher (M. D. or other) MD
Address Mt. Vernon, Mo. Date 3-13-45

3. (a) PRINT FULL NAME Gus O. Henson
3. (b) If veteran, name war No
3. (c) Social Security No. 490-28-3998

4. Sex Male 5. Color or race White
6. (a) Single, widowed, married, divorced Married
6. (c) Age of husband or wife if alive 44 years
7. Birth date of deceased March 12 1891
(Month) (Day) (Year)

8. AGE: Years 54 Months 0 Days 1
If less than one day hr. _____ min. _____

9. Birthplace Bennett Springs Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation Milk Jobber

11. Industry or business _____

MOTHER FATHER { 12. Name Jeremiah Henson
13. Birthplace Iaclede County Missouri
(City, town, or county) (State or foreign country)
14. Maiden name Sarah Jones
15. Birthplace Unknown Kentucky
(City, town, or county) (State or foreign country)

16. (a) Informant E. McMichael, Record Clerk.
(b) Address Mo. State Sch. Mt. Vernon, Mo

17. (a) Burial (b) Date thereof 3-10-45
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Carterville

18. (a) Signature of funeral director Maxim Quinn

(b) Address Miller Mo.

19. (a) 5-17-45 (b) Andy Emergood
(Date received local registrar) (Registrar's signature)

1058

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

55
0
0

RECEIVED

District Health Officer No. 6.

District File Number 545-617

Date Filed MAY 28 1945

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 E. R. Leiman

Licensed Embalmer No. 3297

P. O. Address Miller 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.