

FILED JUL 9 1946

State File No. \_\_\_\_\_

Registration District No. 53

Primary Registration District No. 3010

Registrar's No. 1021

1. PLACE OF DEATH:

(a) County Cape Girardeau Mo  
(b) City or town Page Township  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
Family Home 1  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution \_\_\_\_\_  
In this community 24 years (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Cape 16  
(c) City or town Cape Girardeau  
(If outside city or town limits, write "RURAL")  
(d) Street No. 307 So. Spruick  
(If rural, give location)  
(e) Citizen of foreign country? NO (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME James H. Henson

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

4. Sex Male 5. Color or race W 6. (a) Single widowed, married, divorced \_\_\_\_\_

6. (b) Name of husband or wife Opheles 6. (c) Age of husband or wife if alive 57 years

7. Birth date of deceased Aug 25 1885  
(Month) (Day) (Year)

8. AGE: Years 60 Months 9 Days 11 If less than one day hr. \_\_\_\_\_ min. \_\_\_\_\_

9. Birthplace Fredricktown Mo 1  
(City, town, or county) (State or foreign country)

10. Usual occupation Steam Shovel Operator

11. Industry or business Marquette Pipefit Co

12. Name Bryan Henson

13. Birthplace Fredricktown Mo 0  
(City, town, or county) (State or foreign country)

14. Maiden name Mary Beinecke

15. Birthplace Fredricktown Mo 11  
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs Opheles Henson

(b) Address Cape Girardeau

17. (a) Burial (b) Date thereof 6-9-46  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Memorial Park

18. (a) Signature of funeral director J. H. Howell

(b) Address Cape Girardeau

19. (a) 6-18-1946 (b) C. C. Summers  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 6  
year 1946 hour 12:45 minute \_\_\_\_\_ M.

21. I hereby certify that I attended the deceased from May 15  
June 6 1946, to June 6 1946  
that I last saw him alive on June 6 1946  
and that death occurred on the date and hour stated above.

Immediate cause of death Carcinomatosis Duration 15 months

Due to Carcinoma of sigmoid colon

Due to (inoperable)

Other conditions (Include pregnancy within 3 months of death) \_\_\_\_\_

Major findings: Of operations Carcinoma of sigmoid inoperable  
Of autopsy Not Done

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? \_\_\_\_\_

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

23. Signature Edward D. Campbell (M. D. or other) \_\_\_\_\_  
Address 627 Good Hope Date signed 6-9-46

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

MOTHER FATHER

RECEIVED

District Health Officer No. 4  
District File Number 746-2300  
Date Filed 7-6-46

**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 W. H. Estes

Licensed Embalmer No. 3568

P. O. Address Cape Girardeau

**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.**

Campbell