No. 2
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED NOV 7 1946

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 34323

Registration District No. 270 Primary Registration District No. 5909 Registrar's No. 98

1. PLACE OF DEATH:

(a) County: Pemiscot

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

(c) Name of hospital or institution:
Rural Route 1
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution (Specify whether years, months or days)
In this community: 3 Hours

2. USUAL RESIDENCE OF DECEASED:

(a) State: Missouri (b) County: Pemiscot 78

(c) City or town: Caruthersville, R.R. 1
(If outside city or town limits, write "RURAL")

(d) Street No.: Rural Route 1
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No)
If yes, name country:

3. (a) PRINT FULL NAME: Jackie Henson

3. (b) If veteran, name war:

3. (c) Social Security No.:

4. Sex: Male

5. Color or race: White

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

6. (b) Name of husband or wife:

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

7. Birth date of deceased: October (Month) 27, (Day) 1946 (Year)

8. AGE:

Years	Months	Days	If less than one day
0	0	0	3 hr. min.

9. Birthplace: Caruthersville, (City, town, or county) Missouri (State or foreign country)

10. Usual occupation:

11. Industry or business:

FATHER
12. Name: Jack Henson
13. Birthplace: Middle, (City, town, or county) Tenn. (State or foreign country)

MOTHER
14. Maiden name: Bertha Lou Batty
15. Birthplace: Middle, (City, town, or county) Tenn. (State or foreign country)

16. (a) Informant: Jack Henson
(b) Address: Caruthersville, Mo. R.1

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 10/28/46 (Month) (Day) (Year)
(c) Place: burial or cremation: Maple Cemetery

18. (a) Signature of funeral director: H. S. Smith Funeral Home
(b) Address: Caruthersville, Mo.

19. (a) 11-1-46 (Date received local registrar) (b) Dressie B. Nelks (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month October day 27
year 1946 hour 11 minute P. M.

21. I hereby certify that I attended the deceased from Oct. 27, 1946, to Oct. 27, 1946
that I last saw him alive on Oct. 27, 1946
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Premature Birth (6½ months)	3 hours
Due to:	
Due to:	
Other conditions (Include pregnancy within 3 months of death):	
Major findings: 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:

(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: 0

23. Signature: J. R. Wilson (M. D. or other)

Address: Caruthersville, Mo. Date signed 10-28-46

(Licensed Embalmer's Statement on Reverse Side)

10-46-223

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 Body was not embalmed, Registered Apprentice No. , working under my personal supervision.

Signed James A. Osborn

Licensed Embalmer No. 4185

P. O. Address Carrollsville, Md

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.