

FILED DEC 24 1946

Registration District No. **128**

Primary Registration District No. **2000**

Registrar's No. **954**

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

9
2
6

1. PLACE OF DEATH:

(a) County Greene

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

(c) Name of hospital or institution:
622 N. Campbell Ave. /
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 30 Years
(Specify whether years, months or days)

In this community 30 Years
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Greene **39**

(c) City or town Springfield **21**

(d) Street No. 622 N. Campbell Ave **7**
(If outside city or town limits, write "RURAL")

(e) Citizen of foreign country? No **5**
(Yes or No)

If yes, name country _____

3. (a) PRINT FULL NAME PLEASANT ELZIE HENSON

3. (b) If veteran, name war None

3. (c) Social Security No. None

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month November day 26th
year 1946 hour 3:00 P.M. minute _____ M.

4. Sex Male **D** 5. Color or race White

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

6. (b) Name of husband or wife Nellie Henson

6. (c) Age of husband or wife if alive 67 years

7. Birth date of deceased April 1, 1878
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from 6 August, 1946, to 25 Nov., 1946
that I last saw him alive on 25 Nov., 1946
and that death occurred on the date and hour stated above.

8. AGE: Years 68 Months 7 Days 25
- If less than one day hr. _____ min.

Immediate cause of death myocardial failure

Due to Hypertensive cardio-vascular-renal disease

Due to _____

9. Birthplace Dallas County, Missouri **D**
(City, town, or county) (State or foreign country)

10. Usual occupation None

11. Industry or business None

Other conditions g 3D
(Include pregnancy within 3 months of death)

MOTHER FATHER

12. Name William Henson

13. Birthplace no record Tennessee /
(City, town, or county) (State or foreign country)

14. Maiden name no record

15. Birthplace no record no record **g**
(City, town, or county) (State or foreign country)

Major findings: Benign prostatic hypertrophy

Of operations _____

Of autopsy _____

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

16. (a) Informant Mrs. Nellie Henson

(b) Address 622 N. Campbell Ave., Springfield, MO

17. (a) Burial (b) Date thereof Nov. 29, 1946
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Greenlaw

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? 0

18. (a) Signature of funeral director Fred O. Thieme

(b) Address Springfield, MO.

19. (a) 11-29-46 (b) W. E. Handley MD
(Date received local registrar) (Registrar's signature)

While at work? _____
(Specify type of place) (a) Means of injury

23. Signature Danett E. Dratt (M. D. or other) **MSL**

Address 450 1/2 E. Commercial Date signed 27 Nov 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.....

Ralph H. Thieme

Licensed Embalmer No. 3681

P. O. Address Springfield, Missouri

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.