

BUREAU OF THE CENSUS  
FILED JAN 22 1947Registration District No. 24Primary Registration District No. 5829Registrar's No. 44

## 1. PLACE OF DEATH:

- (a) County New Madrid  
 (b) City or town Rune Portage  
 (If outside city or town limits, write "RURAL" and name of township)  
 (c) Name of hospital or institution: 1  
 (If not in hospital or institution, write street number or location)  
 (d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether \_\_\_\_\_)  
 In this community \_\_\_\_\_  
 years, months or days

## 3. (a) PRINT FULL NAME

Benjamin S. Henson

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

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

6. (b) Name of husband or wife Myrtle Mae Henson 6. (c) Age of husband or wife if alive 46 years

7. Birth date of deceased March 24 1887  
 (Month) (Day) (Year)

8. AGE: Years 59 Months 8 Days 24 If less than one day hr. \_\_\_\_\_ min. \_\_\_\_\_

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

10. Usual occupation Farmer

11. Industry or business \_\_\_\_\_

12. Name Alfred Eben Henson

13. Birthplace dk 4  
 (City, town, or county) (State or foreign country)

14. Maiden name dk

15. Birthplace dk 4  
 (City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Bert S. Henson

- (b) Address Portageville Mo

17. (a) Burial (b) Date thereof 12-20-46  
 (Burial, cremation, or removal) (Month) (Day) (Year)

- (c) Place: burial or cremation Portageville Mo

18. (a) Signature of funeral director Edible Funeral Parlor

- (b) Address Portageville Mo

19. (a) 1-9-47 (b) Ellen DeLoe  
 (Date received local registrar) (Registrar's signature)

## 2. USUAL RESIDENCE OF DECEASED:

- (a) State Missouri (b) County New Madrid  
 (c) City or town Portageville (If outside city or town limits, write "RURAL") 6  
 (d) Street No. \_\_\_\_\_ (If rural, give location) 0  
 (e) Citizen of foreign country? \_\_\_\_\_ (Yes or No)  
 If yes, name country \_\_\_\_\_

## MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec day 18  
 year 1946 hour 2 minute 30 P.M.

21. I hereby certify that I attended the deceased from Nov. 15, 1946, to Dec. 18, 1946.

- that I last saw him alive on Dec. 12, 1946  
 and that death occurred on the date and hour stated above.

- Immediate cause of death pneumonia Duration \_\_\_\_\_

- Due to Aspiration - B.D. obstruction

- Due to Carcinoma of cervical glands (pneumocystic metastasis)

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

- Major findings: None performed 5E

- Of operations \_\_\_\_\_

- 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? \_\_\_\_\_

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

23. Signature Parce C. Mullen (M. D. or other) MD

- Address Box 56 Portageville Mo Date signed 1-9-47

FEB 20 1947

RECEIVED

District Health Office No. 2

District File Number 147-61

Date Filed 1-13-47

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.....

working under my personal supervision.

Registered Apprentice No.....

Signed Leonard J. Vargas

Licensed Embalmer No. 4336

P. O. Address Tortuguillo M.

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.