

FILED JUN 27 1947

Registration District No. _____

Primary Registration District No. 5086

Registrar's No. 54

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

1. PLACE OF DEATH:
 (a) County Bates
 (b) City or town Homer - Rural
(If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution: _____
(If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution 40 years
(Specify whether years, months or days)

3. (a) PRINT FULL NAME James Henry Henson
 3. (b) If veteran, name war no
 3. (c) Social Security No. none

4. Sex male 5. Color or race white
 6. (a) Single, widowed, married, divorced Married
 6. (b) Name of husband or wife Ida Belle Henson
alive _____ years
 6. (c) Age of husband or wife if _____ years
 7. Birth date of deceased Oct 21, 1876
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>70</u>	<u>7</u>	<u>20</u>	hr. _____ min.

9. Birthplace Casey Co. Ky.
(City, town, or county) (State or foreign country)

10. Usual occupation Farmer

11. Industry or business _____

MOTHER FATHER {
 12. Name David Henson
 13. Birthplace Ky
(City, town, or county) (State or foreign country)
 14. Maiden name Martha Mary Tiggie
 15. Birthplace Ky
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Ida Belle Henson
 (b) Address Amoret Missouri

17. (a) Burial (b) Date thereof 6-13-47
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Scott Cemetery

18. (a) Signature of funeral director Archer & Mangold
Amoret Missouri

(b) Address _____
 19. (a) 6-13-47 (b) Randall Perry
(Data received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
 (a) State Missouri (b) County Bates
 (c) City or town Homer Twp/
(If outside city or town limits, write "RURAL")
 (d) Street No. _____
(If rural, give location)
 (e) Citizen of foreign country? _____ (Yes or No)
 If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 11
 year 1947 hour 6 minute 30P. M.

21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____;
 that I last saw h_____ alive on _____, 19____;
 and that death occurred on the date and hour stated above.

Immediate cause of death Death upon arrival
 Duration _____

Due to Coronary Occlusion
 Due to _____

Other conditions _____
(Include pregnancy within 3 months of death)

Major findings: No physical attendants
 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? 2

While at work? _____ (Specify type of place)
 (e) Means of injury Car over

23. Signature John G. Underwood (M. D. or other) _____
Butler Date signed 6-13-47

RECEIVED
District Health Officer No. 7,
District File Number 5-47-765
Date Filed 6-26-47

Handwritten notes and signatures, including "206" and "11".

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, ^{XXX}.....
....., Registered Apprentice No.....
working under my personal supervision.

Signed L. A. Mangold
Licensed Embalmer No. 3610
P. O. Address Amsterdam 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.