No. 2
-1/47
-17-39

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 42037

FILED JAN 7 1948

Registration District No. 146 — Primary Registration District No. 5568 — Registrar's No. 393

1. PLACE OF DEATH:
(a) County Jackson
(b) City or town Sugar Creek (If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution Standard Oil Dispensary 3 (If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution ..... (Specify whether
In this community 30 years years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Jackson 48
(c) City or town Kansas City 3 Rural 0 (If outside city or town limits, write "RURAL")
(d) Street No. 629 S. Ash 0 (If rural, give location) 0
(e) Citizen of foreign country? no (Yes or No)
If yes, name country .....

3. (a) PRINT FULL NAME MR. SILAS W. HENSON
3. (b) If veteran, name war .....
3. (c) Social Security No. 486-03-0836
4. Sex male 0
5. Color or race white
6. (a) Single, widowed, married, divorced married
6. (b) Name of husband or wife Katie Henson
6. (c) Age of husband or wife if alive 58 years
7. Birth date of deceased March 7, 1884 (Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
63	9	19	hr. min.

9. Birthplace Cass County, Missouri 0 (City, town, or county) (State or foreign country)
10. Usual occupation Crane operator
11. Industry or business Standard Oil Co.

FATHER
12. Name D. V. Henson
13. Birthplace Liberty, Ky (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Mary Tuggle
15. Birthplace Liberty, Ky. (City, town, or county) (State or foreign country)

16. (a) Informant Mrs. S. W. Henson
(b) Address 629 S. Ash K. C. 3, Mo.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 12 29 47 (Month) (Day) (Year)
(c) Place: burial or cremation Adrian Mo.
18. (a) Signature of funeral director Geo. C. Carson
(b) Address Independence, Mo.
19. (a) 12-28-47 (Date received local registrar) (b) [signature] (Registrar's signature) 354

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec. day 26 year 1947 hour 8:10 minute A 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 acute Coronary occlusion
Due to Coronary scl.
Due to Deputy Coroner
Other conditions (Include pregnancy within 3 months of death) 948
Major findings:
Of operations .....
Of autopsy see above

Duration

PHYSICIAN
Underline the cause of 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) 0
While at work ..... (e) Means of injury .....
23. Signature A. E. Upsher (M. D. or other) MD
Address 2800 Main St Date signed 12/26/47

Jefferson City Printing Co. (Licensed Embalmer's Statement on Reverse Side)

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

JUN 3 1949

JAN 16 1948

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 William H. Schlanker, Registered Apprentice No. 439, working under my personal supervision.

Signed R. D. Leisle

Licensed Embalmer No. 4123

P. O. Address Independence, 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.