

No. 300
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FEDERAL SECURITY AGENCY
National Office of Vital Statistics

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. **141995**
Registrar's No. **4030**

FILED MAY 7 1948
Registration District No. **318**

Primary Registration District No. **1003**

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

1. PLACE OF DEATH:
(a) County St. Louis
(b) City or town St. Louis
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Missouri Pacific Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 9 days (Specify whether
In this community 9 days years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Illinois (b) County St. Clair
(c) City or town Dupo
(If outside city or town limits, write "RURAL")
(d) Street No. 231 N. Fourth Street
(If rural, give location)
(e) Citizen of foreign country? NO (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME HENSON, LEONARD ERNEST
3. (b) If veteran, name war World War I
3. (c) Social Security No. 702 16 5162

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month APR day 29
year 1948 hour 4 minute 25 A.M.
21. I hereby certify that I attended the deceased from 20 APR
1948 to 29 APR 1948

4. Sex male 5. Color or race white 6. (a) Single, widowed, married, divorced married
6. (b) Name of husband or wife Lula Cratie Hagan 6. (c) Age of husband or wife if alive 63 years
7. Birth date of deceased: Feb. 12, 1890
(Month) (Day) (Year)

that I last saw him alive on 28 APR 1948
and that death occurred on the date and hour stated above.
Immediate cause of death Apoplety Duration _____

8. AGE: Years 58 Months 2 Days 10 If less than one day
hr. _____ min. _____

Due to Left intracerebral cerebral hemorrhage 9 da.
Due to _____

9. Birthplace Murphysboro, Illinois
(City, town, or county) (State or foreign country)
10. Usual occupation Locomotive Engineer

Other conditions (Include pregnancy within 3 months of death) 8/2
Major findings:
Of operations _____
Of autopsy _____

11. Industry or business Missouri Pacific Railroad
12. Name Jessie Henson
13. Birthplace unknown
(City, town, or county) (State or foreign country)
14. Maiden name Malinda Knight
15. Birthplace unknown
(City, town, or county) (State or foreign country)

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

16. (a) Informant Lula Cratie Henson
(b) Address 231 N. 4th., Dupo, Illinois
Dupo, Ill. (b) Date thereof April 29
(Residence, transmission or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Dupo, Illinois

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? _____

18. (a) Signature of funeral director Harold A. Washner
Dupo, Illinois
(b) Address _____
19. (a) APR 29 1948 (Date received local registrar)
J. J. Breese (Registrar's signature)

While at work? (Specify type of place) _____
(b) Means of injury 0
23. Signature Marvin J. Purcell (M. D. or other) _____
Address 1735 S. Grand Date signed 5/28/48

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 not embalmed

....., Registered Apprentice No.....

working under my personal supervision.

Signed Harold A. Washner

Licensed Embalmer No.....

P. O. Address Dupo, Illinois

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.