

FILED APR 26 1948 347

Registration District No. ....

Primary Registration District No. 6162

Registrar's No. ....

1. PLACE OF DEATH:

(a) County Stonely

(b) City or town Beeds Springs Path  
(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  
(Specify whether years, months or days)

In this community Entire life

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Stonely 104

(c) City or town Beeds Springs  
(If outside city or town limits, write "RURAL")

(d) Street No. \_\_\_\_\_ (If rural, give location)

(e) Citizen of foreign country? no (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME William Franklin Henson

3. (b) If veteran, no

3. (c) Social Security No. ✓

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month march day 22  
year 1948 hour 11 minute 30 P.M.

4. Sex no 5. Color or race wh

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

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

6. (c) Age of husband or wife if alive 72 years

7. Birth date of deceased: mar 16 1862  
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from 2/9/48 to 3/22/48  
and that I last saw him alive on 2/18/48 and that death occurred on the date and hour stated above.

Duration 19.78

8. AGE: Years 86 Months 0 Days 6 If less than one day hr. \_\_\_\_\_ min. \_\_\_\_\_

Immediate cause of death Cerebral Hemorrhage 3mo

Due to Arterio Sclerosis 1yr

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

10. Usual occupation Farming

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

Major findings: 83A

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

Of autopsy \_\_\_\_\_

MOTHER FATHER:

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

12. Name Wiley Henson

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

14. Maiden name Overstreet

15. Birthplace J. Ill.  
(City, town, or county) (State or foreign country)

PHYSICIAN \_\_\_\_\_

Underline the cause of which death should be charged statistically.

16. (a) Informant Martha Henson

(b) Address Beeds Springs Mo

17. (a) Burial (b) Date thereof Mar 25 48  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Everett J. Cheatham

18. (a) Signature of funeral director Halena Mo

(b) Address Beeds Springs Mo

19. (a) Mar 27 1948 (b) Miss M. J. Brown  
(Date received local registrar) (Registrar's signature)

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)

While at work? Yes (e) Means of injury hemorrhage

23. Signature W. S. Henson (M. D. or other) \_\_\_\_\_

Address Beeds Springs Mo Date signed 3/25/48

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

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RECEIVED

District Health Officer No. 6,

District File Number 448-474

Date Filed APR 22 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 \_\_\_\_\_

\_\_\_\_\_, Registered Apprentice No. \_\_\_\_\_  
working under my personal supervision.

Signed Everett J. Cheatham

Licensed Embalmer No. 3870

P. O. Address Salina, 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.