

MISSOURI DIVISION OF HEALTH  
STANDARD CERTIFICATE OF DEATH

State File No. 22834  
Registrar's No. 661

FILED AUG 16 1948  
Registration District No. 228

Primary Registration District No. 2000

1. PLACE OF DEATH:

(a) County Greene  
(b) City or town Springfield  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
803 South Jefferson  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether)  
In this community 2 1/2 years (Specify whether)  
years, months or days

3. (a) PRINT FULL NAME

WILLIAM HENRY HENSON

3. (b) If veteran, name war No

3. (c) Social Security No. unknown

4. Sex Male 5. Color or race White  
6. (a) Single, widowed, married, divorced Single  
6. (b) Name of husband or wife Sophie Corkill Henson  
6. (c) Age of husband or wife if alive Dec years  
7. Birth date of deceased October 28 1869  
(Month) (Day) (Year)

8. AGE: Years 78 Months 9 Days 9  
If less than one day hr. \_\_\_\_\_ min.

9. Birthplace Anna Illinois  
(City, town, or county) (State or foreign country)

10. Usual occupation Retired Mine Supt.

11. Industry or business Retired

12. Name Alfred Henson

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

14. Maiden name Inthana Grugett

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

16. (a) Informant Mrs Ida Ellis (daughter)

(b) Address 803 S Jefferson

17. (a) Removal (b) Date thereof 8 9 1948  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Bonne Terre, Missouri

18. (a) Signature of funeral director Alma Lohmeyer Funeral Home

(b) Address Springfield, Missouri

19. (a) 8-11-48 (b) W. E. Handley  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Greene  
(c) City or town Springfield  
(If outside city or town limits, write "RURAL")  
(d) Street No. 803 S Jefferson  
(If rural, give location)  
(e) Citizen of foreign country? No (Yes or No)  
If yes, name country No

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month August day 7  
year 1948 hour 4 minute 45 PM

21. I hereby certify that I attended the deceased from AT HOSP. AFTER DEATH COM ARRIVAL  
FIRST SAW PT  
that I last saw h. NOT SEEN WHILE ALIVE alive on 19  
and that death occurred on the date and hour stated above.

Immediate cause of death Myocardial infarction  
acute

Due to ARTERIOSCLEROTIC AND  
HYPERTENSIVE CARDIOVASCULAR

Due to DISEASE

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

Major findings:  
Of operations \_\_\_\_\_

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

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 W. E. Handley (M. D. or other)

Address Springfield, Mo. Date signed 8/9/48

**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.....

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

.....  
working under my personal supervision.

Signed..... *Jewell E. Wurdg*

Licensed Embalmer No. *2831*

P. O. Address *Springfield*

**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.**