

FILED MAR 15 1949

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 5616

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 241 PRIMARY REG. DIST. NO. 5829 Registrar's No. 12

1. PLACE OF DEATH a. COUNTY <i>New Madrid</i>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <i>Mo</i> b. COUNTY <i>New Madrid</i>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <i>Rural Portage</i>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <i>Rural</i>	
c. LENGTH OF STAY (in this place) <i>1</i>		d. STREET ADDRESS (If rural, give location) <i>Portageville Mo</i>	
d. FULL NAME OF HOSPITAL OR INSTITUTION			
3. NAME OF DECEASED (Type or Print) a. (First) <i>Lonnie</i> b. (Middle) <i>Wayne</i> c. (Last) <i>Henson</i>			4. DATE OF DEATH (Month) (Day) (Year) <i>March 6 1949</i>
5. SEX <i>Male</i>	6. COLOR OR RACE <i>White</i>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <i>Never married</i>	8. DATE OF BIRTH <i>March 4, 1947</i>
9. AGE (In years last birthday) <i>2</i>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Infant</i>	11. BIRTHPLACE (State or foreign country) <i>Gales, Mo</i>
10a. USUAL OCCUPATION		10b. KIND OF BUSINESS OR INDUSTRY	12. CITIZEN OF WHAT COUNTRY? <i>U.S.</i>
13a. FATHER'S NAME <i>Martin Henson</i>		13b. MOTHER'S MAIDEN NAME <i>Sylvia Rogers</i>	14. NAME OF HUSBAND OR WIFE
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <i>No</i>		16. SOCIAL SECURITY NO.	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <i>Martin Henson Portageville Mo</i>
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <i>Bronchopneumonia</i> ANTECEDENT CAUSES DUE TO (b) <i>Measles</i> DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (m.)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
21f. HOW DID INJURY OCCUR			
22. I hereby certify that I attended the deceased from <i>March 4</i> , 1949, to <i>March 6</i> , 1949, that I last saw the deceased alive on <i>3</i> , 1949, and that death occurred at <i>8:05 p.m.</i> , from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) <i>Clair M. Rivers M.D.</i>		23b. ADDRESS <i>Maistax mo</i>	
23c. DATE SIGNED <i>3-4-49</i>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>		24b. DATE <i>Mar 7, 1949</i>	
24c. NAME OF CEMETERY OR CREMATORY <i>Portageville Cemetery</i>		24d. LOCATION (City, town, or county) (State) <i>Portageville, Mo</i>	
DATE REC'D BY LOCAL REG. <i>Mar 8, 1949</i>		REGISTRAR'S SIGNATURE <i>Ellen DeLisle 219</i>	
25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <i>DeLisle Funeral Parlor Portageville Mo</i>			

(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED

District Health Office No. 2

District File Number 349-32

Date Filed 3-14-4

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.....

*Not Embalmed*

Student Embalmer No. ....

working under my personal supervision.

Student .....  
Student Embalmer

Signed.....

Licensed Embalmer No.....

P. O. Address.....

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.