.S. No. 300
ev. 10.48

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FILED MAY 19 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 15922

BIRTH NO. _____ REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002 Registrar's No. 1826

1. PLACE OF DEATH
a. COUNTY: Jackson
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Kansas City 3
c. LENGTH OF STAY (in this place): 9 years
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Third & Charlotte

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY: Jackson 4
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Kansas City 3
d. STREET ADDRESS (If rural, give location): 2706 E. 51st St. 0

3. NAME OF DECEASED (Type or Print)
a. (First): Delmar
b. (Middle): E.
c. (Last): Henson

4. DATE OF DEATH (Month): 4 (Day): 25 (Year): 49

5. SEX: Male 0

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married

8. DATE OF BIRTH: ~~Oct.~~ NOV. 27, 1924

9. AGE (In years last birthday): 24
IF UNDER 1 YEAR: Months ~~5~~ Days ~~29~~
IF UNDER 24 HRS.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Milk Route

10b. KIND OF BUSINESS OR INDUSTRY: Aines Dairy

11. BIRTHPLACE (State or foreign country): Springfield, Colorado

12. CITIZEN OF WHAT COUNTRY?: U. S.

13a. FATHER'S NAME: Jess Earl Henson

13b. MOTHER'S MAIDEN NAME: Effie Denny

14. NAME OF HUSBAND OR WIFE: Irene Henson

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): Yes
(If yes, give war or dates of service): World War II

16. SOCIAL SECURITY NO.: 514-12-7993

17. INFORMANT'S SIGNATURE OR NAME: Mrs. Irene Henson
ADDRESS: 2706 East 51st St.

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, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Hemothorax, Bilateral
ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Multiple Rib Fracture
DUE TO (c) Auto Trauma
E824D

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION: Deputy Coroner 32

20. AUTOPSY? YES ☑ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify): Accident

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.): Street

21c. (CITY, TOWN, OR TOWNSHIP) Kansas City (COUNTY) Jackson (STATE) Missouri 23

21d. TIME OF INJURY (Month): 4 (Day): 25 (Year): 49 (Hour): 4 a.m.

21e. INJURY OCCURRED WHILE AT WORK ☒ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR? Fell from Truck (Lost Control of truck & jumped)

22. *I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at _____ m., from the causes and on the date stated above.*

23a. SIGNATURE A.E.Upsher A. E. Upsher (Degree or title) MD

23b. ADDRESS: 2800 Main

23c. DATE SIGNED: 4/25/49

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial

24b. DATE: 4-27-49

24c. NAME OF CEMETERY OR CREMATORY: --

24d. LOCATION (City, town, or county): Lee's Summit (State): Missouri

DATE REC'D BY LOCAL REG.: 4-26-49

REGISTRAR'S SIGNATURE: Geraldine Holmes

25. FUNERAL DIRECTOR'S SIGNATURE AND ADDRESS: FREEMAN MORTUARY & CHAPEL 42nd-Broadway

(Licensed Embalmer's Statement on Reverse Side)

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

DEC 20 1949

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 _____

_____, Student Embalmer No. _____,

working under my personal supervision.

Signed _____

Signed _____
Student Embalmer

Licensed Embalmer No. 2939

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.