

FEDERAL BUREAU OF INVESTIGATION
 U.S. DEPARTMENT OF JUSTICE
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FILED VS JAN 18 1960

STATE FILE NUMBER
59-046907

Registration District No. **245** Primary Registration District No. **3047** Registrar's No. **9**

MEMORANDUM

1. PLACE OF DEATH a. COUNTY NEWTON b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN NEOSHO Length of stay in 1b WK c. FULL NAME OF (if NOT in hospital, give location) HOSPITAL OR INSTITUTION JANE MEM. Hosp Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Mo b. COUNTY McDonagh c. CITY OR TOWN JANE Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> d. STREET ADDRESS (If outside, give location) RT Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>			
3. NAME OF DECEASED (Type or print) First THOMAS Middle EVERETT Last HENSON			4. DATE OF DEATH Month 12 Day 20 Year 1959				
5. SEX M	6. COLOR OR RACE W	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 10-22-1884	9. AGE (last birthday) 75	IF UNDER 1 YEAR Months 5 Days 28	IF UNDER 24 HR Hours Min. 	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) FARMER		10b. KIND OF BUSINESS OR INDUSTRY RET.		11. BIRTHPLACE (City and state or country) JANE Mo		12. CITIZEN OF WHAT COUNTRY US.	
13a. FATHER'S NAME JOHN HENSON		13b. MOTHER'S MAIDEN NAME NANCY INDIAN		14. NAME OF HUSBAND OR WIFE MARY HENSON			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, No or unknown) No (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO. 548-18-1471		17. INFORMANT Address Mrs MARY HENSON			
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) CEREBRAL THROMBOSIS DUE TO (b) ARTERIOSCLEROSIS DUE TO (c) Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.					INTERVAL BETWEEN ONSET AND DEATH 7 DAYS		
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) CHR. LYMPHATIC LEUKEMIA-					PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown		
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)				
20c. TIME OF INJURY Month, Day, Year		20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>					
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		20f. CITY, TOWN, OR LOCATION		COUNTY STATE			
21. I attended the deceased from 1948 , to 20 DEC 1959 and last saw him alive on 30 DEC 1959 Death occurred at 6:55 AM on the date stated above, and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE R. J. Taylor, MD (Degree or title)			22b. ADDRESS Neosho Mo		22c. DATE SIGNED 8 Jan 60		
23a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	23b. DATE 12-22-1959	23c. NAME OF CEMETERY OR CREMATORY WHITE ROCK CEM		23d. LOCATION (City, town, or county) JANE Mo (State)			
24. FUNERAL DIRECTOR Humphreys & Son J Hume ADDRESS M. N.			25. DATE RECD. BY LOCAL REG. Jan. 8, 1960		26. REGISTRAR'S SIGNATURE Melvin C. Bowman, MD.		

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

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.

Student _____
Signature of Student Embalmer

Signed Wayne E. Humphreys

Licensed Embalmer No. 4262

P. O. Address Princeton

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.