

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

21884
 Do not use this space.

1. PLACE OF DEATH

(a) County Clay Registration District No. 201
 (b) Township Liberty Primary Registration District No. 5280 Registered No. _____
 (c) City Liberty (d) Street No. _____ (If death occurred in Hospital or Institution, write its name instead of street and number) St. _____
 (e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME

(a) Residence, No. _____ St. (If nonresident, give city or town and State)
 (Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX 7 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) widowed

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF widowed

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Dec 23 1859

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
79 6 4

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. 1,000, 7, Home
 9. Industry or business in which work was done, as saw mill, bank, etc. House wife
 10. Date deceased last worked at this occupation (month and year) _____ 11. Total time (years) spent in this occupation _____

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Harrison MO

FATHER 13. NAME Mr Calvin C Henson

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mo. Ky

MOTHER 15. MAIDEN NAME Josetta Caviness

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mo. Ky

17. INFORMANT Supt. Paul Hogas P.O. F Home
 (ADDRESS) Liberty Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE 900 7, cemetery DATE 6/29 1939

19. FUNERAL DIRECTOR Brothers & Jennings
 (ADDRESS) 343 Harrison St Liberty Mo.

20. FILED 6-29 1939 W.H. Sheffer
 Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 27 1939

22. I HEREBY CERTIFY, that I attended deceased from Oct 19 to June 27 1939
 I last saw him alive on June 27 1939 Death is said to have occurred on the date stated above, at 8 P. M.

The principal cause of death and related causes of importance were as follows:

Coronary Sclerosis Date of onset 44

Other contributory causes of importance:

Name of operation _____ Date of _____
 What test confirmed diagnosis? _____ Was there an autopsy? _____

23. If death was due to external causes (violence), fill in also the following:
 Accident, suicide, or homicide? _____ Date of injury _____, 19____
 Where did injury occur? _____ (Specify city or town, county, and State)
 Specify whether injury occurred in industry, in home, or in public place.

Manner of injury _____
 Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased?
 If so, specify _____
 (Signed) J. W. H. [Signature], M. D.
940 (Address) Liberty Mo

STATEMENT BY LICENSED EMBALMER

I, Licensed Embalmer No.....

hereby certify that the body recorded on the reverse side of this certificate was embalmed by.....

..... L. E.

No..... or by..... Registered Apprentice No.....

working under my personal supervision.

Signed.....

Licensed Embalmer No.....

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.)