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.

REC'D NOV 15 1938

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

35261
Do not use this space.

1. PLACE OF DEATH
(a) County Callaway 3 Registration District No. 104
(b) Township 1 Primary Registration District No. 3008 Registered No. 244
(c) City Fulton (d) Street No. State Hospital #1 St.
(If death occurred in Hospital or Institution, write its name instead of street and number)
(e) Length of residence in city or town where death occurred 5 yrs. 2 mos. 1 ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Wilford H. Hensley
(a) Residence, No. New Florence Mo. St.
(Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: male
4. COLOR OR RACE: white
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): single

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Nov. 22, 1902

7. AGE: 35 YEARS: 35 MONTHS: 10 DAYS: 19 If LESS than 1 day, ...hrs. or ....min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Chauffer
9. Industry or business in which work was done, as saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year) 1932
11. Total time (years) spent in this occupation D.K.

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Oklahoma City Okla. 1

FATHER
13. NAME Elvia L. Hensley
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Osage Co Mo. 0

MOTHER
15. MAIDEN NAME Narcissa Hensley
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Callaway Co. Mo. 0

17. INFORMANT (ADDRESS) Hosp Records Fulton Mo.

18. BURIAL, CREMATION, OR REMOVAL
PLACE New Florence Cemetery DATE Oct 12 1938

19. FUNERAL DIRECTOR (NAME) (ADDRESS) Joseph A. Marlen Montgomery City Mo

20. FILED Oct 12, 1938 R. N. Creiba Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Oct. 11, 1938

22. I HEREBY CERTIFY, That I attended deceased from Nov 5, 1935, to Oct 11, 1938
I last saw him alive on Oct 10, 1938 Death is said to have occurred on the date stated above, at 12 30 A m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
~~[illegible]~~ - ~~[illegible]~~	
Left Cerebral Glioma (Brain Tumor)	

Other contributory causes of importance:
Epilepsy
Chronic Nephritis
Massive Pneumonia - bilateral

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

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? No
If so, specify
(Signed) Jas. L. Mulhey, M. D.
10 (Address) Fulton, Mo.

(Licensed Embalmer's Statement on Reverse Side)

34

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, Joseph A Marlow, or by

Registered Apprentice No. ....., working under my personal supervision.

Signed Joseph A Marlow

Licensed Embalmer No. 3658

P. O. Address Montgomery City, M

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, above space should be left blank.

FILL IN ANSWERS TO ALL SPACES CHECKED IN RED PENCIL.

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

35-261
Do not use this space.

1. PLACE OF DEATH
(a) County: Callaway
(b) Township:
(c) City: Fulton
Registration District No.: 104
Primary Registration District No.: 3608
Registered No.: 244
(d) Street No.: St.
(If death occurred in Hospital or Institution, write its name instead of street and number)
(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: Wilford H. Hensley
(a) Residence, No. St.
(Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: M
4. COLOR OR RACE: W
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): S

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

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

7. AGE: YEARS 35 | MONTHS 10 | DAYS 19 | If LESS than 1 day, hrs. or min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.
9. Industry or business in which work was done, as saw mill, bank, etc.
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)

FATHER
13. NAME
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

MOTHER
15. MAIDEN NAME
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

17. INFORMANT (ADDRESS)

18. BURIAL, CREMATION, OR REMOVAL
PLACE DATE 19

19. FUNERAL DIRECTOR (ADDRESS)

20. FILED 19
Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Oct 11, 1938

22. I HEREBY CERTIFY, That I attended deceased from , 19, to , 19
I last saw him alive on , 19. Death is said to have occurred on the date stated above, at m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Left Cerebral Glioma	
Brain Tumor	
non malignant	

Other contributory causes of importance:
Epilepsy
Chronic Nephritis
Massive Pneumonia - Bilateral

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) Jas. L. Mulkey, M. D.
(Address) Fulton

SUPPLEMENTARY

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.

REGISTRARS SHALL NOT RECEIVE A FEE FOR CERTIFICATES UNTIL THEY ARE COMPLETED AS PRESCRIBED BY LAW.

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