

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

16434  
 Do not use this space.

REC'D MAY 24 1939

1. PLACE OF DEATH 2

(a) County WRIGHT Registration District No. 907

(b) Township PLEASANT VALLEY Primary Registration District No. 4548

(c) City MANSEFIELD (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 65 yrs. mos. da. (f) How long in U.S., if of foreign birth? yrs. mos. da.

2. PRINT FULL NAME MARSHALL G. Hensley

(a) Residence, No. \_\_\_\_\_ St.  (If nonresident, give city or town and State)

**PERSONAL AND STATISTICAL PARTICULARS**

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

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) MAY 24 1852

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, _____ hrs. or _____ min.
	<u>86</u>	<u>10</u>	<u>24</u>	

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Retired

9. Industry or business in which work was done, as saw mill, bank, etc. MERCHANT

10. Date deceased last worked at this occupation (month and year) Nov. 1929 11. Total time (years) spent in this occupation \_\_\_\_\_

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Rone Co. PENN.

FATHER 13. NAME WILLIAM Hensley

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Rone Co. TENN.

MOTHER 15. MAIDEN NAME Betsy A. DENNIS

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Rone Co. TENN.

17. INFORMANT (ADDRESS) Homer Hensley MANSFIELD, MO.

18. BURIAL, CREMATION, OR REMOVAL PLACE MANSFIELD, MO. DATE APR 21 1939

19. FUNERAL DIRECTOR (NAME) (ADDRESS) FA. STEFFER MANSFIELD, MO.

20. FILED April 25 1939 J. M. D. Short Local Registrar.

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) APR 18 1939

22. I HEREBY CERTIFY, That I attended deceased from April 6 1939 to April 18 1939

I last saw him alive on April 10 1939 Death is said to have occurred on the date stated above, at 12:05 a.m.

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

Cerebral Hemorrhage (apoplexy) Date of onset \_\_\_\_\_

Other contributory causes of importance: g. 20'

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_

What test confirmed diagnosis? L Was there an autopsy? no

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) J. M. D. Short M.D. (Address) Mansfield, Mo.

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.

RECEIVED

District Health Officer No. 6,

District File Number 6-5-39-941

Date Filed MAY 10 1939

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

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, above space should be left blank.**