

24
Registration District No. FILED FEB 15 1940Primary Registration District No. 5276

Registrar's No. _____

1. PLACE OF DEATH:

(a) County Clay
(b) City or town R#8 North Kansas City, Mo.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 2

(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution _____
(Specify whether _____)In this community 83 years
years, months or days3. (a) PRINT FULL NAME William Thornton Hensley8. (b) If veteran, name war Civil War 8. (c) Social Security No. _____4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced married6. (b) Name of husband or wife Mrs. Nancy Ann Hensley 6. (c) Age of husband or wife if alive 83 years7. Birth date of deceased March 2 1843
(Month) (Day) (Year)8. AGE: Years Months Days If less than one day
96 9 24 hr. _____ min.9. Birthplace Unknown Indiana
(City, town, or county) (State or foreign country)10. Usual occupation Common Laborer

11. Industry or business _____

MOTHER FATHER { 12. Name Thornton Hensley13. Birthplace Indiana
(City, town, or county) (State or foreign country)14. Maiden name Sara Lusinda Tumbling15. Birthplace Unknown
(City, town, or county) (State or foreign country)16. (a) Informant's own signature Mrs. Jim Shank(b) Address R. #8 N. Kansas City, Mo.17. (a) Burial (b) Date thereof Dec. 28, 1938
(Burial, cremation, or removal) (Month) (Day) (Year)(c) Place: burial or cremation German Cemetery18. (a) Signature of funeral director Morton Funeral Home(b) Address 832 Armour Road N. Kansas City19. (a) 419/40 (b) John S. Norton
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Clay(c) City or town North Kansas City
(If outside city or town limits, write "RURAL")(d) Street No. Route #8
(If rural, give location)

(e) If foreign born, how long in U. S. A. _____ years

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec day 26
year 1939 hour 7 minute 30 A M.21. I hereby certify that I attended the deceased from Sept. 1
_____, 1937, to Dec 26, 1939that I last saw him alive on Dec 26
and that death occurred on the date and hour stated above.

Immediate cause of death

Arterio-sclerotic condition
of cerebral vesselsDue to Seriously Duration _____Due to 95%Other conditions _____
(Include pregnancy within 3 months of death)

Major findings:

Of operations _____

Of autopsy _____

PHYSICIAN

Underline
the cause to
which death
should be
charged statistically

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) _____

(b) Date of occurrence _____

(c) Where did injury occur? _____
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? _____

While at work? _____ (Specify type of place)
(e) Means of injury _____23. Signature W. C. Shank (M. D. or other) _____Address W. C. Shank Date signed Dec 28

RECEIVED
District Health Officer No. 8,
District File Number
Date Filed 1/29/40

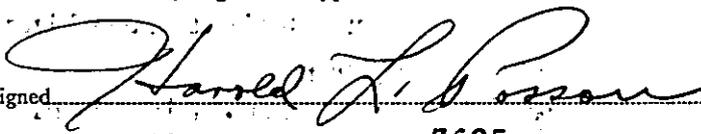
STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by _____

Harold L. Posson

Registered Apprentice No. _____

working under my personal supervision.

Signed 

Licensed Embalmer No. **3605**

P. O. Address **North K. C. Mo.**

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: