

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.

Registration District No. **865**

Primary Registration District No. **6143**

Registrar's No. _____

1. PLACE OF DEATH:

(a) County Texas
 (b) City or town Rural Cass
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution: _____
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution _____
 (Specify whether _____)
 In this community _____
 years, months or days 18 yrs.

3. (a) PRINT FULL NAME Virgil Edward Hensley

3. (b) If veteran, name war _____ 3. (c) Social Security No. 488-16-213

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Single

6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if _____
 alive _____ years

7. Birth date of deceased May 25 1920
 (Month) (Day) (Year)

8. AGE:		Years	Months	Days	If less than one day
		<u>19</u>	<u>7</u>	<u>25</u>	hr. _____ min. _____

9. Birthplace Dewey Okla.
 (City, town, or county) (State or foreign country)

10. Usual occupation _____

11. Industry or business _____

MOTHER FATHER { 12. Name Ben Hensley

13. Birthplace _____
 (City, town, or county) (State or foreign country)

14. Maiden name Vivie Bailey

15. Birthplace _____
 (City, town, or county) (State or foreign country)

16. (a) Informant's own signature Ben Hensley

(b) Address Stults, Mo.

17. (a) Burial (b) Date thereof 1/27/1940
 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation _____

18. (a) Signature of funeral director Hayden W. Elliott

(b) Address Houston, Mo.

19. (a) Jan 30-40 (b) Max E. McMillin
 (Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Texas
 (c) City or town Rural
 (If outside city or town limits, write "RURAL")
 (d) Street No. Cass
 (If rural, give location)
 (e) If foreign born, how long in U. S. A. _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan. day 20
 year 1940 hour 3 minute _____ P. M.

21. I hereby certify that I attended the deceased from JAN 19
1940 to JAN 20, 1940
 that I last saw him alive on JAN. 20, 1940,
 and that death occurred on the date and hour stated above.

Immediate cause of death ACUTE LARYNGEAL EDEMA

Due to ACUTE FOLLICULAR TONSILITIS + PHARYNGITIS

Due to _____

Other conditions (Include pregnancy within 3 months of death) 15 W

Major findings: Of operations _____

Of autopsy _____

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 injury)
 (e) Means of injury _____

23. Signature Edm. DeLuna (M. D. or other M.D.)

Address Houston Date signed 1-24-40

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically

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.....

RECEIVED

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

District Health Officer No. 5,

District File Number 240 185

Date Filed 2.7.40

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.