

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 MAY 2 1940

Registration District No. \_\_\_\_\_

Primary Registration District No. \_\_\_\_\_

Registrar's No. \_\_\_\_\_

**1. PLACE OF DEATH:**  
 (a) County Pulaski  
 (b) City or town Dixon  
(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

3. (a) PRINT FULL NAME Zachariah Hensley  
 3. (b) If veteran, name war Civil War  
 3. (c) Social Security No. \_\_\_\_\_

4. Sex Male 5. Color or race White  
 6. (a) Single, widowed, married, divorced, Married  
 6. (b) Name of husband or wife LaVenia Hensley  
 6. (c) Age of husband or wife if alive 59 years  
 7. Birth date of deceased 12/29/1846  
(Month) (Day) (Year)

8. AGE: Years 93 Months 3 Days 5  
If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

9. Birthplace Union Missouri  
(City, town, or county) (State or foreign country)

10. Usual occupation Retired

11. Industry or business \_\_\_\_\_

**MOTHER** { 12. Name John Hensley  
 18. Birthplace Missouri  
**FATHER** { 14. Maiden name Mary Saffins  
 15. Birthplace Missouri  
(City, town, or county) (State or foreign country)

16. (a) Informant's own signature LaVenia Hensley  
 (b) Address Dixon, Missouri

17. (a) Dixon (b) Date thereof 4/5/1940  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Dixon Cemetery  
 18. (a) Signature of funeral director Fred H. Gilbert  
 (b) Address Dixon, Missouri

19. (a) 4/23/40 (b) A. J. Cook  
(Date received local registrar) (Registrar's signature)

**2. USUAL RESIDENCE OF DECEASED:**  
 (a) State Missouri (b) County Pulaski  
 (c) City or town Dixon  
(If outside city or town limits, write "RURAL")  
 (d) Street No. \_\_\_\_\_  
(If rural, give location)  
 (e) If foreign born, how long in U. S. A. \_\_\_\_\_ years.

**MEDICAL CERTIFICATION**

20. DATE OF DEATH: Month 4 day 4  
 year 1940 hour 6:00 minute \_\_\_\_\_ P.M.

21. I hereby certify that I attended the deceased from Nov 28  
1940 to April 2nd 1940  
 that I last saw him alive on April 3rd - 1940  
 and that death occurred on the date and hour stated above.

Immediate cause of death Broncho-Pneumonia.  
 Due to Cold & old age.

Due to \_\_\_\_\_  
 Other conditions 197 W  
(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? \_\_\_\_\_

630  
 While at work? \_\_\_\_\_  
(Specify type of place) (e) Means of injury \_\_\_\_\_  
 23. Signature A. J. Cook (M. D. or other) \_\_\_\_\_  
 Address Dixon, Mo. Date signed \_\_\_\_\_

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.....

4-4-1940

Registered Apprentice No.....

working under my personal supervision.....

Signed.....

*Fred M. Ellers*

Licensed Embalmer No.....

3341

P. O. Address.....

*Nixon Mo*

RECEIVED

District Health Officer No. 5

District File Number 440-506

Date Filed 4-25-40

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.