

Registration District No. **647**

Primary Registration District No. **5857**

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

1. PLACE OF DEATH: **Ozark Boro. Mo.**  
 (a) County \_\_\_\_\_  
 (b) City or town **Elijah, Mo.**  
 (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 \_\_\_\_\_)

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

3. (a) PRINT FULL NAME **Thula Ada Hensley**  
 (b) If veteran, name war **No**  
 (c) Social Security No. **no**

20. DATE OF DEATH: Month **July** day **11**  
 year **1940** hour **110** minute **P.** M.

4. Sex **Female** 5. Color on race **W**  
 6. (b) Name of husband or wife **Oscar Hensley**  
 7. Birth date of deceased **Nov 11 1905**  
 (Month) (Day) (Year)

21. I hereby certify that I attended the deceased from **June 20**  
 19**40** to **July 11** 19**40**  
 that I last saw **her** alive on **July 11** 19**40**  
 and that death occurred on the date and hour stated above.

8. AGE: Years **34** Months **7** Days **29**  
 If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

Immediate cause of death **Puerperal Septicaemia**  
**Satery from June 25**  
 Due to **I did not deliver her**

9. Birthplace **Myrtle, Mo.**  
 (City, town, or county) (State or foreign country)

Other conditions (Include pregnancy within 3 months of death) **14**

10. Usual occupation **house wife**

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

MOTHER FATHER  
 { 12. Name **Ray Davis**  
 13. Birthplace **Ill**  
 (City, town, or county) (State or foreign country)  
 { 14. Maiden name **Ladetta** **Reiser**  
 15. Birthplace **Mo**  
 (City, town, or county) (State or foreign country)

Major findings: Of operations \_\_\_\_\_  
 Of autopsy \_\_\_\_\_

16. (a) Informant's own signature **Oscar Hensley**  
 (b) Address **Elijah, Mo.**  
 17. (a) **burial** (b) Date thereof **July 12-40**  
 (Burial, cremation, or removal) (Month) (Day) (Year)  
 (c) Place: burial or cremation **Elijah, Mo.**  
 18. (a) Signature of funeral director \_\_\_\_\_  
 (b) Address **580**  
 19. (a) \_\_\_\_\_ (b) **C.A. Beach**  
 (Date received local registrar) (Registrar's signature)

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)  
 (a) Means of injury \_\_\_\_\_  
 23. Signature **C.A. Beach M.D.** (M. D. or other) \_\_\_\_\_  
 Address **Elijah, Mo.** Date signed **7-11-40**

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.

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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.**