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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 39918

Registration District No. 836

Primary Registration District No. 4564.4553

Registrar's No.

FILED DEC 11 1940

1. PLACE OF DEATH:

(a) County Scott

(b) City or town Sikeston (If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: Sikeston General Hospital (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution few minutes (Specify whether years, months or days)

In this community 4 years in Dexter

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Stoddard

(c) City or town Dexter (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.? 0 years.

3. (a) PRINT FULL NAME Edward Robb Hensley

3. (b) If veteran, name 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 Lucille Hensley

6. (c) Age of husband or wife if alive 29 years

7. Birth date of deceased November (Month) 28, (Day) 1905 (Year)

8. AGE:

Years	Months	Days	If less than one day
34	10	2	hr. min.

9. Birthplace Cape Girardeau Co. (City, town, or county) Missouri (State or foreign country)

10. Usual occupation U.S.D.A., F.S.A., R.R. Sup

11. Industry or business Farm Security Adm. 0

FATHER
12. Name S. D. Hensley 0
13. Birthplace White County (City, town, or county) Illinois (State or foreign country)

MOTHER
14. Maiden name Mary T. Shaner
15. Birthplace Brazeau (City, town, or county) Missouri (State or foreign country)

16. (a) Informant Joe Hensley

(b) Address Cape Girardeau, Mo.

17. (a) Removal (Burial, cremation, or removal) (b) Date thereof Sept. 29 '40 (Month) (Day) (Year)

(c) Place: burial or cremation Jackson, Mo.

18. (a) Signature of funeral director Blankenship-Strickland

(b) Address Dexter, Mo.

19. (a) 11/5/40 (Date received local registrar) (b) Margaret Boone, Deputy (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month September day 29th year 1940 hour 8 minute 30 P M.

21. I hereby certify that I attended the deceased from Attended as Coroner, 19 , that I last saw h alive on , 19 and that death occurred on the date and hour stated above.

Immediate cause of death: Fractured Skull, Crushed (left) Chest

Due to: Auto accident Hy 60 1 mi West Sikeston Mo. Truck owned by Local Truck System Sideswiped another truck owned by E Allen of Puxico Mo, veered down Road east and struck deceased

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations: Auto fatally injuring E R. Hensley

Of autopsy: none

Duration

PHYSICIAN: Underline the cause which death should be charged statistically.

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

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

(b) Date of occurrence September 29, 1940

(c) Where did injury occur? Sikeston (City or town) Scott (County) Mo (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? 1/2 Public Highway (Mo #60) (Specify type of place)

While at work? no (e) Means of injury auto

23. Signature John F. Nunmeler Jr. (M. D. or other) Coroner

Address Charleston Mo Date signed 10-5-40

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No.
District File Number 1240-17
Date Filed 12/9/40

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 J. E. Strickland, Registered Apprentice No. ..... working under my personal supervision.

Signed J. E. Strickland

Licensed Embalmer No. 3479

P. O. Address Dexter, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply w the above constitutes grounds for revocation of license.)

If this body is not embalmed, above space should be left blank.