

No. 2
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FILED JUN 11 1941

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 18102

Registration District No. 411 Primary Registration District No. 2002 Registrar's No.

1. PLACE OF DEATH:
(a) County Jasper
(b) City or town Joplin
(c) Name of hospital or institution: St. Johns Hospital
(d) Length of stay: In hospital or institution 1 day
In this community 30 Years

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Jasper
(c) City or town Joplin
(d) Street No. 1501 Pennsylvania Ave.
(e) If foreign born, how long in U. S. A. No years.

3. (a) PRINT FULL NAME Will Henslee

3. (b) If veteran, name was No 3. (c) Social Security No. No

4. Sex Male 5. Color of race W 6. (a) Single, widowed, married, divorced Widowed

6. (b) Name of husband or wife No 6. (c) Age of husband or wife if alive No years

7. Birth date of deceased December 24 1881

8. AGE: Years 59 Months 4 Days 14

9. Birthplace Hartville Missouri

10. Usual occupation Drayman

11. Industry or business Dray

12. Name Ambrose Henslee

13. Birthplace Alabama

14. Maiden name Minerva Cochran

15. Birthplace LineRock Arkansas

16. (a) Informant See Henslee (b) Address Hamburg Iowa

17. (a) Burial (b) Date thereof 5-10-41 (c) Place: burial or cremation Mt. Hope Cemetery

18. (a) Signature of funeral director (b) Address 212 Joplin St. Joplin Mo.

19. (a) 5-10-41 (b) Ed D Jones

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 8 year 1941 hour 11:50 minute P. M.

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

Immediate cause of death Shock and hemorrhage

Due to Glass cut in right tibia region compound fracture of both legs, contusions

Due to about head and feet Due to being struck by Automobile

Other conditions Automobile (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) Accident

(b) Date of occurrence May 7, 41

(c) Where did injury occur? Joplin, Jasper Co. Mo. (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? Public highway - 669 Euclid St. (Specify type of place) (e) Means of injury Automobile

23. Signature R. V. Webster (M. D. & Surgeon) Address Carthage, Mo. Date signed May 9, 41

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

49
21

49
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MOTHER FATHER

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

Sam E. Senevey Jr

Licensed Embalmer No. *4099*

P. O. Address

Joplin 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, fact should be so stated above.