

No. 2
1-4-41
-17-39
XE2390

FILED AUG 14 1941
Registration District No. _____

Primary Registration District No. **2002**

Registrar's No. _____

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

1. PLACE OF DEATH:

(a) County Jasper

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

(c) Name of hospital or institution: St. John's Hospital
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 10 minutes
(Specify whether years, months or days)

In this community 1 month

2. USUAL RESIDENCE OF DECEASED:

(a) State Okla (b) County 999

(c) City or town Salisaw
(If outside city or town limits, write "RURAL")

(d) Street No. _____
(If rural, give location)

(e) Citizen of foreign country? no (Yes or No)

If yes, name country _____

3. (a) PRINT FULL NAME WILLIAM HENSLEY

3. (b) If veteran, name war none

3. (c) Social Security No. 44-14-2661

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 16
year 1941 hour 1 minute 50 P.M.

21. I hereby certify that I attended the deceased from _____ 19____ to _____ 19____
that I last saw him did not see him alive and that death occurred on the date and hour stated above.

4. Sex Male 5. Color or race White

6. (a) Single, widowed, married, divorced married

6. (b) Name of husband or wife Velma 6. (c) Age of husband or wife if alive 19 years

7. Birth date of deceased unknown
(Month) (Day) (Year)

Immediate cause of death Fracture at base of skull Duration 55 min

Due to Fall from P.R. truck while riding as a passenger

Due to Truck wheel of truck came off

Other conditions _____

(Include pregnancy within 3 months of death)

8. AGE: Years _____ Months _____ Days _____ If less than one day _____ hr. _____ min.

about 21

9. Birthplace Murphorsboro, Ark
(City, town, or county) (State or foreign country)

10. Usual occupation Section Worker

11. Industry or business K.C. & Railroad

12. Name Jim Hensley

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

14. Maiden name Esther Wilson

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

16. (a) Informant James C. Hensley

(b) Address Salisaw, Okla.

17. (a) Removal (b) Date thereof 7-17-41
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Salisaw, Okla

18. (a) Signature of funeral director Thornhill Dillon Mort.

(b) Address Joplin, Mo.

19. (a) 7-17-41 (b) Ed B. Jones
(Date received local registrar) (Licentiate's signature)

Major findings: Of operations 1960

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 July 16, '41

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

(d) Did injury occur in or about home, on farm, or industrial place, in public place? Section hand, fell from P.R. truck
(Specify type of place) (e) Means of injury _____

While at work? _____

23. Signature R.V. Webster (M. D. or other) Coroner

Address Carthage, Mo Date signed July 16 '41

41-8.692.

FEB 27 1946

JAN 9 1947

NOV 1 1948

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 David Dillon

Licensed Embalmer No. 3898

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.