U. S. No. 2
OM—9-4-41
ev. 5-17-39
I X29484

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

15130

State File No. ____

Registration District No. 651 — Primary Registration District No. 4388 — Registrar's No. 33

1. PLACE OF DEATH:
(a) County: Pemiscot
(b) City or town: Caruthersville Twp (If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Home (If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution ____ (Specify whether years, months or days) In this community: 19 Years

2. USUAL RESIDENCE OF DECEASED:
(a) State: Missouri (b) County: Pemiscot
(c) City or town: Caruthersville, Mo. (If outside city or town limits, write "RURAL")
(d) Street No. 2 (If rural, give location)
(e) Citizen of foreign country? ____ (Yes or No) If yes, name country ____

3. (a) PRINT FULL NAME: William Neeley Hensley
3. (b) If veteran, name war: X
3. (c) Social Security No. X
4. Sex: Male
5. Color or race: White
6. (a) Single, widowed, married, divorced: Widowed
6. (b) Name of husband or wife ____
6. (c) Age of husband or wife if alive ____ years
7. Birth date of deceased: November (Month) 29th, (Day) 1885 (Year)

8. AGE: Years 57 | Months 5 | Days 1 | If less than one day ____ hr. ____ min.

9. Birthplace: Hardiman Co. (City, town, or county) / Tenn. (State or foreign country)
10. Usual occupation: Grocerman
11. Industry or business: Grocer Business
FATHER
12. Name: Russell Hensley
13. Birthplace: Unknown (City, town, or county) / Tenn. (State or foreign country)
MOTHER
14. Maiden name: Margaret Foster
15. Birthplace: Trenton, (City, town, or county) / Tenn. (State or foreign country)
16. (a) Informant: Mrs. Emma Elliott
(b) Address: Trenton, Tenn. R.R. 4
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: 4/22/42 (Month) (Day) (Year)
(c) Place: burial or cremation: Bowers Chapel - Tenn.
18. (a) Signature of funeral director: H. L. Smith
(b) Address: Caruthersville, Mo.
19. (a) 4-21-1942 (Date received local registrar) (b) Jesse Markey (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 20th, year 1942 hour 1 minute P. M.
21. I hereby certify that I attended the deceased from Jan 1 1942 to April 20 1942 that I last saw him alive on April 16 1942 and that death occurred on the date and hour stated above.

Immediate cause of death: Cerebral Hem — Duration
Due to: ____
Due to: Arteriosclerosis
Other conditions (Include pregnancy within 3 months of death): ____
Major findings: Of operations: 83 a — 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? ____ (Specify type of place)
While at work? ____ (e) Means of injury ____
23. Signature: J. B. Allen (M. D. or other)
Address: Caruthersville Date signed: 4-21-42

1204 (Licensed Embalmer's Statement on Reverse Side)

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

5-42-6

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, XXXX .....

....., Registered Apprentice No. .....,

working under my personal supervision.

Signed James A. Osburn

Licensed Embalmer No. 4185

P. O. Address Caruthersville, 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.