

FILED OCT 7 1942

Registration District No. 262

Primary Registration District No. 5887

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

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

77  
00

1. PLACE OF DEATH:

(a) County Ozark

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

(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)

In this community 56 years  
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Ozark

(c) City or town Rural Bayou  
(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 Mary Jane Hensley

3. (b) If veteran, name war: --

3. (c) Social Security No. ---

4. Sex M 5. Color or race W

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 Jan. 19 1861  
(Month) (Day) (Year)

8. AGE: Years 81 Months 7 Days 12 If less than one day  
hr. -- min.

9. Birthplace Unknown Tenn.  
(City, town, or county) (State or foreign country)

10. Usual occupation House wife

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

MOTHER FATHER { 12. Name Joel Caba

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

14. Maiden name Nancy Elvire Green

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

16. (a) Informant Eda Sanyon

(b) Address Stuart Okla.

17. (a) Burial (b) Date thereof 9.3.1942  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial of ~~XXXXX~~ Bridges Creek

18. (a) Signature of funeral director W L Martin

(b) Address Gainesville, Mo.

19. (a) 10-1-42 (b) Eda Beach  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept. day 1  
year 1942 hour 5:45 minute A. M.

21. I hereby certify that I attended the deceased from May 30 - 1942  
1942 to Sept 1 1942  
that I last saw her alive on Aug 31 1942  
and that death occurred on the date and hour stated above.

Immediate cause of death: Myocarditis

Due to: \_\_\_\_\_

Due to: \_\_\_\_\_

Other conditions: \_\_\_\_\_  
(Include pregnancy within 3 months of death)

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

Of autopsy: \_\_\_\_\_

Duration  
1 yr

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? (c) Means of injury \_\_\_\_\_

23. Signature Eda Beach (M. D. or other) \_\_\_\_\_  
Address Elyah, Mo Date signed 10-2-42

RECEIVED

District Health Officer No. 6,

District File Number 1042-1440

Date Filed OCT 6 1942

~~P.A. Bowen~~  
Cure all  
7.14  
7/50  
7/30  
7/30

7.14  
7.14  
7.14

Langston  
Langer  
L.H. Hendley  
L.P. Hendley  
Baker  
P.C.  
L.H. Hendley

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 Denver Roller  
Licensed Embalmer No. 4006  
P. O. Address ava, 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.