

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

FILED OCT 7 1942

MISSOURI STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

Do not use this space.

30997

1. PLACE OF DEATH

77 County Ozark
 0 Township Bajon
 0 City Elijah (No. 1)

Registration District No. 5-8-8-7-262Primary Registration District No. 4-2-2-4-187File No. 11Registered No. 11St. 1Ward 1

2. FULL NAME

(a) Residence. No. 1 St. 1 Ward 1

(Usual place of abode)

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred yrs. 1 mos. 1 ds. 1

yrs.

mos.

ds.

How long in U. S., if of foreign birth?

yrs.

mos.

ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

Male

4. COLOR OR RACE

White

5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word)

Widower

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF

Widower

6. DATE OF BIRTH (MONTH, DAY AND YEAR)

March 5 1865

7. AGE

YEARS

MONTHS

DAYS

7754

IF LESS than 1 day, ... hrs. or min.

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work

Retired farmer

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN)

(STATE OR COUNTRY)

Pulaski Co. Mo. 0

10. NAME OF FATHER

Jno. T. Hensley

11. BIRTHPLACE OF FATHER (CITY OR TOWN)

(STATE OR COUNTRY)

Mo. 0

12. MAIDEN NAME OF MOTHER

Polly Ann William

13. BIRTHPLACE OF MOTHER (CITY OR TOWN)

(STATE OR COUNTRY)

Mo. 0

14.

INFORMANT

(Address)

Wm. Hensley
Bartlesville, Okla

15.

FILED

8-10-42
C. A. Beach

REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR)

Aug 9 1942

17.

I HEREBY CERTIFY, That I attended deceased from July1942 to Aug 9 1942
that I last saw him alive on Aug 9, 1942, and that death occurred, on the date stated above, at 9 P. M.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Chronic Interstitial Nephritis

CONTRIBUTORY (SECONDARY)

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH

DID AN OPERATION PRECEDE DEATH? No DATE OFWAS THERE AN AUTOPSY? NoWHAT TEST CONFIRMED DIAGNOSIS? Urinalysis(Signed) C. A. Beach M. D.

19

(Address) Elijah, Mo

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) Whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL

Elijah, Mo

DATE OF BURIAL

Aug 10 1942

20. UNDERTAKER

McClure

ADDRESS

Sumner

RECEIVED

District Health Officer No. 6,

District File Number 1042 - 1441

Date Filed OCT 6 1942