

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED OCT 10 1942

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No.

Registration District No. 287

Primary Registration District No. 5980

Registrar's No. 5

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

1. PLACE OF DEATH:

(a) County Dick
(b) City or town Wichart Miss
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 1
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether)
In this community 60 years
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Dick 84
(c) City or town Wichart 0
(If outside city or town limits, write "RURAL") 0
(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 Anderson Hensley
3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month Sept day 9
year 1942 hour 17 minute A M.

4. Sex male 5. Color or race white 6. (a) Single, widowed, married, divorced married
6. (b) Name of husband or wife Martha 6. (c) Age of husband or wife if alive 90 years
7. Birth date of deceased Oct 22 1862
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from Sept 1 - 1942 to Sept 9 - 1942
that I last saw him alive on Sept 1 - 1942
and that death occurred on the date and hour stated above.

8. AGE: Years 79 Months 10 Days 17 If less than one day hr. _____ min. _____

Immediate cause of death Acute Myocarditis
Due to _____
Due to 93e
Other conditions (Include pregnancy within 3 months of death) _____

9. Birthplace Adair mo mo 0
(City, town, or county) (State or foreign country)

10. Usual occupation retired laborer
11. Industry or business _____
12. Name John B Hensley
13. Birthplace Unknown 9
(City, town, or county) (State or foreign country)
14. Maiden name Tempe Davis
15. Birthplace Unknown 9
(City, town, or county) (State or foreign country)

Major findings: Of operations _____
Of autopsy _____
PHYSICIAN _____
Underline the cause to which death should be charged statistically.

16. (a) Informant Mrs. E. S. Sules
(b) Address Wichart mo
17. (a) Burial (b) Date thereof Sept 10 1942
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Evon Cemetery

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? _____

18. (a) Signature of funeral director Ally Jester of Hutchison Co
(b) Address Bohannon mo
19. (a) Sept-17-1942 (b) Hillard Dickinson
(Date received local registrar) (Registrar's signature)

While at work? _____ (Specify type of place)
(c) Means of injury _____
23. Signature W. J. Harrell (M. D. or other) _____
Address Wichart mo Date signed 9-14-42

RECEIVED

District Health Officer No. 7,

District File Number 10-42-1117

Date Filed 10-9-42

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

Oby Jester

Licensed Embalmer No. 4154

P. O. Address Bolivar 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.