DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 3158

FILED JAN 21 1943

Registration District No. 28 Primary Registration District No. 5970

Registrar's No.

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

1. PLACE OF DEATH:

(a) County: Polk

(b) City or town: Cliquot - rural - Cliquot Trop. (If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: none / (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution: none (Specify whether years, months or days) In this community: 5 years

2. USUAL RESIDENCE OF DECEASED:

(a) State: Missouri (b) County: Polk

(c) City or town: Cliquot - rural (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: Melvin Hensley

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex: Male

5. Color or race: White

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

6. (b) Name of husband or wife: Inez Hensley

6. (c) Age of husband or wife if alive: years

7. Birth date of deceased: Feb. (Month) 13 (Day) 1888 (Year)

8. AGE: Years 54 Months 8 Days 23 If less than one day hr. min.

9. Birthplace: Wishart (City, town, or county) Mo. (State or foreign country)

10. Usual occupation: Painter & Paperhanger

11. Industry or business

FATHER 12. Name: Ben Hensley

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

MOTHER 14. Maiden name: Mary Wilson

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

16. (a) Informant: Inez Hensley

(b) Address: Cliquot Missouri

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: Nov. 8 1942 (Month) (Day) (Year)

(c) Place: burial or cremation: Salem Cemetery

18. (a) Signature of funeral director: Oby Foster, Hutchison Co

(b) Address: Salem, Mo

19. (a) 12-7-1942 (Date received local registrar) (b) Alma Palen (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov. day 6 year 1942 hour 10 minute 50 A.M.

21. I hereby certify that I attended the deceased from ..., 19..; to ..., 19.. that I last saw h... alive on ..., 19.. and that death occurred on the date and hour stated above.

Immediate cause of death — Duration

Due to

Due to

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations

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 (M. D. or other)

Address Date signed

1294 (Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 7,
District File Number 12-42-1452
Date Filed 1-14-43

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 Orby Jester

Licensed Embalmer No. 4154

P. O. Address Belmar Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply w the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.

c. 2B
8-21-41
PI X29288

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 3 15-8

Registration District No. 282 Primary Registration District No. 5970 Registrar's No.

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

1. PLACE OF DEATH:
(a) County Polk
(b) City or town Rural
(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 years, months or days)
In this community

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

3. (a) PRINT FULL NAME Melvin 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 M
6. (b) Name of husband or wife
6. (c) Age of husband or wife if alive years
7. Birth date of deceased Feb 13 (Month) (Day) (Year)

8. AGE: Years 54 Months 8 Days 3 If less than one day min.

9. Birthplace (City, town, or county) Mo. (State or foreign country)
10. Usual occupation
11. Industry or business

MOTHER FATHER
12. Name
13. Birthplace (City, town, or county) (State or foreign country)
14. Maiden name
15. Birthplace (City, town, or county) (State or foreign country)

16. (a) Informant
(b) Address
17. (a) (Burial, cremation, or removal) (b) Date thereof (Month) (Day) (Year)
(c) Place: burial or cremation
18. (a) Signature of funeral director
(b) Address
19. (a) (Date received local registrar) (b) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb Day 6 year 1942 hour minute M.
21. I hereby certify that I attended the deceased from to , 19 ; that I last saw him alive on , 19 ; and that death occurred on the date and hour stated above.

Immediate cause of death — Duration
Due to Cancer of the bowel
Due to
Other conditions (Include pregnancy within 3 months of death)
Major findings:
Of operations
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)
(b) 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 Chas H Brown (M. D. or other)
Address Fair Play Mo Date signed Mar 6-43

SUPPLEMENTARY