

FILED JUN 7 1943
Registration District No. 1943

Primary Registration District No. 3089

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

1. PLACE OF DEATH:
 (a) County Johnson
 (b) City or town Warrensburg.
(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 43 yrs. (Specify whether years, months or days)
 In this community 43 yrs. (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:
 (a) State Mo. (b) County Johnson
 (c) City or town Warrensburg
(If outside city or town limits, write "RURAL")
 (d) Street No. 607. W. Market.
(If rural, give location)
 (e) Citizen of foreign country? No. (Yes or No)
 If yes, name country 0

3. (a) PRINT FULL NAME Thomas Nathaniel Hensley.

3. (b) If veteran, name war no 3. (c) Social Security No. no

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Lydia Hensley 6. (c) Age of husband or wife if alive 63 years

7. Birth date of deceased Jan. 16 1865
(Month) (Day) (Year)

8. AGE: Years 78 Months 3 Days 16 If less than one day hr. min.

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

10. Usual occupation Farmer

11. Industry or business

MOTHER FATHER { 12. Name Mike Hensley

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

14. Maiden name unknown unknown

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

16. (a) Informant Mrs. Lydia Hensley

(b) Address Warrensburg. Mo.

17. (a) Burial (b) Date thereof May. 10, 43.
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Warrensburg. MO.

18. (a) Signature of funeral director Dwight Phillips

(b) Address Warrensburg. Mo.

19. (a) May 10, 1943 (b) Teola M. Williams
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 9
 year 1943 hour 9:45 A. Minute M.

21. I hereby certify that I attended the deceased from May 2
1943 to May 9 1943
 that I last saw him alive on May 8 1943
 and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral artery
head trauma

Due to

Due to

Other conditions anxiety
(Include pregnancy within 3 months of death)

Major findings:
 Of operations

Of autopsy

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?

(d) Did injury occur in or about home, on farm, in industrial place, in public place?
(City or town) (County) (State)

While at work? 0
(Specify type of place) (e) Means of injury

23. Signature D. W. Aman M.D. (M. D. or other)

Address Warrensburg Mo Date signed 5/14/43

Duration months
 PHYSICIAN
 Underline the cause to which death should be charged statistically.

RECEIVED

District Health Officer No. 8,

District File Number.....

as Filed 6-4-43

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 R. A. Phillips.....

Licensed Embalmer No. 2320.....

P. O. Address Warrensburg, 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.