WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

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.

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

Do not use this space.

25818

FILED AUG 10 19[illegible]

1. PLACE OF DEATH

85 County Pulaski — Registration District No. 290 — File No. 85

0 Township Tavern — Primary Registration District No. 4427 — Registered No. 95

0 City Near Crocker (No. ..., ... St. ... Ward)

2. FULL NAME Donald Lloyd Hensley

(a) Residence, No. Waynesville, Mo. / St., ... Ward. (If nonresident, give city or town and State)
(Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. 0 ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): Single

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sept. 3, 1927

7. AGE: YEARS 15 — MONTHS 10 — DAYS 26 — If LESS than 1 day, ... hrs. or ... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Student
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Waynesville, Mo. 0

FATHER
13. NAME Clarence Hensley
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Pulaski Co. Mo. 0

MOTHER
15. MAIDEN NAME Ethel Walters
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Pulaski Co. Mo. 0

17. INFORMANT (ADDRESS) Mrs. Clarence Hensley Waynesville, Mo.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Waynesville, DATE 8/1/43 19

19. UNDERTAKER (ADDRESS) J. L. HOOPS & SONS. CROCKER? MO.

20. FILED 8-5- 1943 Chas W. Dodd Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 29, 43 19

22. I HEREBY CERTIFY, That I attended deceased from ..., 19..., to ..., 19...

I last saw him alive on July 29, 1943 Death is said to have occurred on the date stated above, at 11 P m.

The principal cause of death and related causes of importance were as follows:

Crushed chest with internal hemorrhage

Date of onset

Other contributory causes of importance: 170C-6 22

Name of operation — Date of

What test confirmed diagnosis? — Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide? Accident Date of injury 7-29, 1943

Where did injury occur? Near Crocker, Pulaski, Mo. (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. public place 085

Manner of injury Auto wreck

Nature of injury crushed chest

24. Was disease or injury in any way related to occupation of deceased? yes

If so, specify Was hauling poultry in truck

(Signed) C. Mallett Coroner, M. D.

(Address) Crocker, Mo.

RECEIVED
Pulaski County Health Officer
File Number 8-43-94
Date Filed 8-9-43