

FILED APR 14 1944

Registration District No. 399

Primary Registration District No. 4553

1. PLACE OF DEATH:

(a) County WRIGHT
(b) City or town MANFIELD
(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 89-0 mo - 6 days
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State MISSOURI (b) County 0
(c) City or town MANFIELD
(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. 0

3. (a) PRINT FULL NAME ELIZA CAROLINE Hensley

3. (b) If veteran, name war NONE 3. (c) Social Security No. NONE

4. Sex FEMALE 5. Color or race WHITE 6. (a) Single, widowed, married, divorced Widow
6. (b) Name of husband or wife JOHN A. HENSLEY 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased MAKSH 1855
(Month) (Day) (Year)

8. AGE: Years 89 Months 0 Days 6 If less than one day _____ hr. _____ min.

9. Birthplace WRIGHT Co MISSOURI
(City, town, or county) (State or foreign country)

10. Usual occupation HOUSEWIFE

11. Industry or business

MOTHER FATHER { 12. Name HENRY SMITH
13. Birthplace KNOXVILLE TENN
(City, town, or county) (State or foreign country)
14. Maiden name MARGARET WHITE
15. Birthplace KNOXVILLE TENN.
(City, town, or county) (State or foreign country)
16. (a) Informant Samuel Hensley
(b) Address MANFIELD MO
17. (a) BURIAL (b) Date thereof MAR 20 - 44
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation HENSLEY SMITHTOWN
F.O. STEFFE
18. (a) Signature of funeral director F.O. STEFFE
(b) Address MANFIELD MO
19. (a) 3/24/1944 (b) S.L. Hensley
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month MARCH day 21
year 1944 hour 11 minute 30 A M.

21. I hereby certify that I attended the deceased from MAR 10 1944 to MAR 21 1944
that I last saw her alive on MAR 10 1944
and that death occurred on the date and hour stated above.

Immediate cause of death Infirmity of age Duration over 1 yr
Due to flu 30 days

Due to _____

Other conditions (include pregnancy within 3 months of death) ZZA

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? _____ (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place?
While at work? _____ (Specify type of place) (e) Means of injury _____

23. Signature J.P. Fuson (M. D. or other) no
Address Manfield Date signed MAR 23 44

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

114
0
0

114
0
0

12-57

RECEIVED

District Health Officer No. 6;

District File Number 444-439

Date Filed APR 11 1944

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

F. A. Steffe

Licensed Embalmer No. 3221

P. O. Address Manfield 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.