DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 18390

FILED JUN 12 1945

Registration District No. 5 4 2 — Oran, Mo. — Primary Registration District No. 6 1 5 3 — Registrar's No. 6

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

1. PLACE OF DEATH:

(a) County: Stoddard

(b) City or town: Rural (If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: X

(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: Missouri (b) County: Stoddard

(c) City or town: 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: Lillian (Carr) Hensley

3. (b) If veteran, name war: X

3. (c) Social Security No.: X

4. Sex: F. M. ?

5. Color or race: Col.

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

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

6. (c) Age of husband or wife if alive: 27 years

7. Birth date of deceased: 4 (Month) 3 (Day) 1911 (Year)

8. AGE: Years 33 Months 8 Days 11 If less than one day ..... hr. ..... min.

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

10. Usual occupation: Housewife

11. Industry or business .....

FATHER 12. Name: John Carr

13. Birthplace (City, town, or county): S. C. (State or foreign country)

MOTHER 14. Maiden name: Rosie Vowels

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

16. (a) Informant: John Carr

(b) Address: Rt. 1 Bell City, Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: 12/17/44 (Month) (Day) (Year)

(c) Place: burial or cremation: West Crowder, Mo.

18. (a) Signature of funeral director: John Albritton

(b) Address: Sikeston, Mo.

19. (a) May 25 1945 (Date received by local registrar) (b) M. R. Shriver (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 12 day 14 year 1944 hour 8 minute 10 P. M.

21. I hereby certify that I attended the deceased from 12/11 1944 to 12/14 1944 that I last saw him alive on 12/14 1944 and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Lobar Pneumonia	6 da
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations: 108	
Of autopsy	

PHYSICIAN — 19

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: J. A. Clem (M. D. ~~another~~)

Address: Oran Mo Date signed 12/14/44

1131 (Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Office No. 2,
District File Number 645-766
Filed 6-6-45

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 Embalmed, Registered Apprentice No. , working under my personal supervision.

Signed John Allison

Licensed Embalmer No. 2941

P. O. Address Sikeston, 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.