

FILED JUN 12 1946  
28

Registration District No. ....

Primary Registration District No. 2000

1. PLACE OF DEATH:

(a) County GREENE  
(b) City or town Springfield  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution: St. John's Hospital 0  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution..... (Specify whether  
In this community 1 DAY  
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State MISSOURI (b) County WRIGHT 114  
(c) City or town MANSFIELD 0  
(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 HOMER H. Hensley

3. (b) If veteran, name war N.R.V. 3. (c) Social Security No. UNK.

4. Sex MALE 5. Color or race WHITE 6. (a) Single, widowed, married, divorced. MARRIED

6. (b) Name of husband or wife BESSIE WILLS Hensley 6. (c) Age of husband or wife if alive UNK. years

7. Birth date of deceased MARCH 31 - 1889  
(Month) (Day) (Year)

8. AGE: Years 57 Months 2 Days 0 If less than one day hr. min.

9. Birthplace MANSFIELD Mo. 0  
(City, town, or county) (State or foreign country)

10. Usual occupation ASSISTANT-POSTMASTER

11. Industry or business MANSFIELD Mo. POSTOFFICE

12. Name MARSHALL G. Hensley

13. Birthplace UNK. TENN. 1  
(City, town, or county) (State or foreign country)

14. Maiden name MARY E. Rode

15. Birthplace UNK. Georgia 1  
(City, town, or county) (State or foreign country)

16. (a) Informant Bessie Hensley  
(b) Address MANSFIELD, Mo.

17. (a) BURIAL (b) Date thereof June 2 - 1946  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation MANSFIELD Cemetery

18. (a) Signature of funeral director E. E. Sliffe  
(b) Address MANSFIELD, Mo.

19. (a) 5-31-46 (b) J. W. Hand  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month MAY day 31  
year 1946 hour 1 minute 50 A.M.

21. I hereby certify that I attended the deceased from May 30 1946, to May 31 1946  
that I last saw him alive on May 30 1946  
and that death occurred on the date and hour stated above.

Immediate cause of death myocardial failure.  
Due to arteriosclerotic heart disease

Due to.....  
Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations 93d  
Of autopsy.....

22. If death was due to external causes, fill in the following:  
(a) Accident, suicide, or homicide (specify).....  
(b) Date of occurrence.....  
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) Means of injury 0  
Signature E. E. Sliffe (M. D. or other)  
Address Springfield, Mo. Date signed 5/31/46

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

39  
2  
6

15203

MOTHER FATHER

Duration  
2 days  
1 year  
PHYSICIAN  
Underline the cause to which death should be charged statistically.

AUG 28 1941

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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.....

*Geo. Steffe*

Licensed Embalmer No. *3221*

P. O. Address *Mansfield 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.**

*f*