

FILED AUG 1 1946
Registration District No. 275

Primary Registration District No. 4551

Registrar's No. 34

1. PLACE OF DEATH:

(a) County Wright

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

(c) Name of hospital or institution:
At Her Home in Hartsville
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution None
(Specify whether)

In this community 75 yrs
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State MO. (b) County Wright

(c) City or town Hartsville
(If outside city or town limits, write "RURAL")

(d) Street No. At Her Home in Hartsville
(If rural, give location)

(e) Citizen of foreign country? NO. (Yes or No)

If yes, name country _____

MEDICAL CERTIFICATION

3. (a) PRINT FULL NAME FRANKLIN ROBISON HENSLEE

3. (b) If veteran, name war _____

3. (c) Social Security No. None

20. DATE OF DEATH: Month 7 day 9
year 1946 hour 11:00 minute 17 P.M.

21. I hereby certify that I attended the deceased from 7th month
7 day 1946 to July 9 1946
that I last saw him alive on July 9 1946
and that death occurred on the date and hour stated above.

4. Sex M. D. 5. Color or race W.

6. (a) Single, widowed, married, divorced Married

6. (c) Age of husband or wife if alive 69 years
27 (Day) 1870 (Year)

7. Birth date of deceased (Month) 9 (Day) 27 (Year) 1870

Immediate cause of death Telamra -

Due to Infection from sleeping on nail.

Due to _____

Other conditions Septic -
(Include pregnancy within 6 months of death)

Duration _____

8. AGE: Years 75 Months 9 Days 12
If less than one day _____ hr. _____ min.

9. Birthplace Wright Co. MO.
(City, town, or county) (State or foreign country)

10. Usual occupation Farmer

11. Industry or business _____

12. Name Calvin Henslee

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

14. Maiden name Sadie Cantrell

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

16. (a) Informant Pizzie Henslee

(b) Address Hartsville MO.

17. (a) Burial (b) Date thereof 7 11 46
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Steel Men Cem.

18. (a) Signature of funeral director Gene E. Golden

(b) Address Hartsville MO.

19. (a) 7-23-46 (b) E. B. Garner
(Date received local registrar) (Registrar's signature)

Major findings: Of operations _____

Of autopsy 195 19

PHYSICIAN _____
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) accident 114

(b) Date of occurrence July 2 1946

(c) Where did injury occur? at home
(City or town) (County) (State)

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

While at work? Yes (a) Means of injury 3 slipped

23. Signature E. B. Garner (M. D. or other) _____
Address Hartsville MO. Date signed 7-9-46

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

MOTHER FATHER

RECEIVED
District Health Officer No. 6,
District File Number 746794
Date Filed JUL 29 1948

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 Gene E. Hollen
Licensed Embalmer No. 3865
P. O. Address Hartsville, 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.