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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

FILED OCT 8 1946

State File No. 32506

Registration District No. 565 Primary Registration District No. 6240 Registrar's No. 8

1. PLACE OF DEATH:

(a) County Washington

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

(c) Name of hospital or institution: Near Quaker Mo. 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 ..... years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Washington

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

(d) Street No. Near Quaker Mo.
(If rural, give location)

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

If yes, name country .....

3. (a) PRINT FULL NAME Wesley Henslee

3. (b) If veteran, name war World war 1

3. (c) Social Security No. .....

4. Sex M O

5. Color or race W

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

6. (b) Name of husband or wife .....

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

7. Birth date of deceased Aug. (Month) 28 (Day) 1889 (Year)

8. AGE: Years 56 Months 7 Days 14 If less than one day ..... hr. ..... min.

9. Birthplace Washington Co. (City, town, or county) Mo. (State or foreign country)

10. Usual occupation Farmer

11. Industry or business .....

FATHER
12. Name O. C. Henslee
13. Birthplace Washington Co. (City, town, or county) Mo. (State or foreign country)

MOTHER
14. Maiden name Ollie Mason
15. Birthplace Washington Co. (City, town, or county) Mo (State or foreign country)

16. (a) Informant Elza Henslee
(b) Address Courtois Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 4-18-46 (Month) (Day) (Year)
(c) Place: burial or cremation Courtois Mo.

18. (a) Signature of funeral director Mrs. Luther Sparks
(b) Address Potosi Mo.

19. (a) 9 20 46 (Date received local registrar) (b) Ella White (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 12 year 1946 hour 4 minute a. M.

21. I hereby certify that I attended the deceased from Jan 1, 1944, to April 12, 1946, that I last saw him alive on April 18, 1946, and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Chronic valvular disease of heart	
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations	
Of autopsy	

92D

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) .....

(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 R. C. Tarkel (M. D. ~~or other~~)

Address Steelville Mo. Date signed 4-5-46

336 (Licensed Embalmer's Statement on Reverse Side)

RECEIVED

District Health Officer No. 4

District File Number 1046-2695

Date Filed 10-5-46

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 Murphy L. Sparks

Licensed Embalmer No. 4236

P. O. Address Flat River, 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.