. S. No. 2
DM—8-43
v. 5-17-39
I X37823

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

36913
State File No.

FILED NOV 3 1947
Registration District No. 5774

Primary Registration District No. 4547

Registrar's No. 66

1. PLACE OF DEATH:
(a) County Worth
(b) City or town Grant City
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 3
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution
In this community 5 years-7 months-I5 days
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Worth 113
(c) City or town Grant City 1
(If outside city or town limits, write "RURAL")
(d) Street No. 0
(If rural, give location)
(e) Citizen of foreign country? no 0 (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Billy Dee Hensley
3. (b) If veteran, name war
3. (c) Social Security No.

4. Sex male 0
5. Color or race white
6. (a) Single, widowed, married, divorced single 0
6. (b) Name of husband or wife
6. (c) Age of husband or wife if alive years
7. Birth date of deceased March (Month) I, (Day) I942 (Year)

8. AGE:

Years	Months	Days	If less than one day
5	7	I5	hr. min.

9. Birthplace Grant City (City, town, or county) Mo. 0 (State or foreign country)
10. Usual occupation
11. Industry or business
MOTHER FATHER
12. Name Verl Hensley
13. Birthplace Grant City (City, town, or county) Mo. 0 (State or foreign country)
MOTHER
14. Maiden name Nellie Cousins
15. Birthplace Mercer County (City, town, or county) Mo. 0 (State or foreign country)
16. (a) Informant Verl Hensley
(b) Address Grant City, MO.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof I0-I9-I947 (Month) (Day) (Year)
(c) Place: burial or cremation Grant City, Mo. Cemetery
18. (a) Signature of funeral director Arch C. Dunfee
(b) Address Grant City, Mo.
19. (a) 16-24-47 (Date received local registrar) (b) Leta E. Dawson (Registrar's signature) 9 11 P

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct day 16
year 47 hour 1 minute 20 P M.
21. I hereby certify that I attended the deceased from Oct, 1946 to Oct 16, 1947
that I last saw h. alive on 16 Oct, 1947
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Intracranial Hemorrhage	
Due to Fracture of Skull, Base & Parietal	
Due to	
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations
Of autopsy

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) Auto Accident, 1, 3
(b) Date of occurrence 16 Oct 47
(c) Where did injury occur? Grant City (City or town) Worth (County) Mo (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? On public Street (Specify type of place)
While at work? (e) Means of injury Left Augusta

23. Signature Frank B Watson M.D. (Coroner) 0
Address Grant City, Mo Date signed 16 Oct 47

(Licensed Embalmer's Statement on Reverse Side)

DISTRICT HEALTH OFFICE
Cameron

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 Jack C. Dunlees

Licensed Embalmer No. 3252

P. O. Address Grant City, 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.