No. 2
-1/47
-17-39

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED FEB 17 1948

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 84714

Registration District No. 235 — Primary Registration District No. 4387 — Registrar's No.

1. PLACE OF DEATH:

(a) County: Oregon

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

(c) Name of hospital or institution: /
(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: 15 years

2. USUAL RESIDENCE OF DECEASED:

(a) State: Missouri (b) County: Oregon 75

(c) City or town: Alton 0
(If outside city or town limits, write "RURAL")

(d) Street No. 0
(If rural, give location)

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

If yes, name country

3. (a) PRINT FULL NAME: Caroline Hensley

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

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

4. Sex: Female

5. Color or race: White

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

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

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

7. Birth date of deceased: June (Month) 27 (Day) 1877 (Year)

8. AGE: Years 70 | Months 5 | Days 2 | If less than one day ____ hr. ____ min.

9. Birthplace: Missouri 0
(City, town, or county) (State or foreign country)

10. Usual occupation: Housewife

11. Industry or business:

FATHER
12. Name: Hicks Roy
13. Birthplace: Tennessee /
(City, town, or county) (State or foreign country)

MOTHER
14. Maiden name: Unknown
15. Birthplace: Unknown 9
(City, town, or county) (State or foreign country)

16. (a) Informant: Mittie Hensley /

(b) Address: Alton, Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 11/30/47 (Month) (Day) (Year)

(c) Place: burial or cremation: Lance Cemetery

18. (a) Signature of funeral director: Leland Carter

(b) Address: Thayer, Mo.

19. (a) 2-2-48 (Date received local registrar) (b) Mrs W C Johnson (Registrar's signature) 733

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov. day 29 year 1947 hour 4 minute 20 A. M.

21. I hereby certify that I attended the deceased from Nov. 28, 1947, to Nov. 28, 1947; that I last saw her alive on ____, 19____; and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Cerebral thrombosis	30 hrs
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations: A n D
Of autopsy: D

PHYSICIAN — Underline the cause of 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) (e) Means of injury: 0

While at work?

23. Signature: [illegible] (M. D. or other)

Address: Alton Mo. Date signed

Jefferson City Printing Co.

(Licensed Embalmer's Statement on Reverse Side)

Hilton

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

RECEIVED
District Health Officer No. 5,
District File No. 24897
Date Filed 9-16-48

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 .....

Licensed Embalmer No. .....

P. O. Address .....

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.