

DEPARTMENT OF COMMERCE
 BUREAU OF THE CENSUS
 FILED APR 19 1948

THE STATE BOARD OF HEALTH OF MISSOURI
 STANDARD CERTIFICATE OF DEATH

135466

State File No.

Registration District No. 264

Primary Registration District No. 5890

Registrar's No. 3

1. PLACE OF DEATH:

(a) County Ozark
 (b) City or town Rural- Richland
 (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 72 yrs (Specify whether years, months or days)
 In this community 72 yrs

3. (a) PRINT FULL NAME James M. Hensley

3. (b) If veteran, name war --- 3. (c) Social Security No. ---

4. Sex M 5. Color or race W 6. (a) Single, widowed, married, divorced married
 6. (b) Name of husband or wife Mary Hensley 6. (c) Age of husband or wife if alive 66 years
 7. Birth date of deceased January 15 1875
 (Month) (Day) (Year)

8. AGE: Years 73 Months 0 Days 25 If less than one day hr. min.

9. Birthplace Pulaski Co Missouri
 (City, town, or county) (State or foreign country)

10. Usual occupation Farmer

11. Industry or business

12. Name William Hensley
 13. Birthplace Pulaski Co Mo.
 (City, town, or county) (State or foreign country)
 14. Maiden name Nancy Ann Brumley
 15. Birthplace Texas Co. Mo.
 (City, town, or county) (State or foreign country)

16. (a) Informant Elizah Moss
 (b) Address Burial
 17. (a) Burial (b) Date thereof 2-11-48
 (Burial, cremation, or removal) (Month) (Day) (Year)
 (c) Place: burial or cremation Oak Mound Cemetery

18. (a) Signature of funeral director Clint Hensley
 (b) Address Gainesville, Mo.
 19. (a) 2-15-48 (b) William Hensley
 (Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Ozark
 (c) City or town Dora- Rural
 (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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month February Day 10
 year 1948 hour 7 minute 30 A. M.

21. I hereby certify that I attended the deceased from Feb 5 to Feb 10, 1948.
 that I last saw him alive on Feb 1, 1948.
 and that death occurred on the date and hour stated above.

Immediate cause of death Cardiac Decompensation Duration 3 yrs

Due to
 Due to

Other conditions Diabetes mellitus
 (Include pregnancy within 3 months of death)

Major findings:
 Of operations 60
 Of autopsy
 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?

While at work? (Specify type of place) (e) Means of injury

23. Signature M. J. Holman (M. D. or other)
 Address Gainesville, Mo. Date signed 2/11/48

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

RECEIVED
District Health Officer No. 63
District File Number 448-411
Date Filed MAR 15 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 W.B. Hutchison
Licensed Embalmer No. 3431
P. O. Address Hammondville MS

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.