S. No. 2
—12-45
5-17-39
X47070

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED JUN 10 1948

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 16782

Registration District No. 160 Primary Registration District No. 5592 Registrar's No. 43

1. PLACE OF DEATH:
(a) County Jefferson
(b) City or town Rural Joachim
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Pevely Mo R.F.D. #11
(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

2. USUAL RESIDENCE OF DEACESED:
(a) State Missouri (b) County Jefferson
(c) City or town Rural
(If outside city or town limits, write "RURAL")
(d) Street No. Pevely R.F.D. #1
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country —

3. (a) PRINT FULL NAME Irene C. 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 Alfred J. Hensley
6. (c) Age of husband or wife if alive 82 years
7. Birth date of deceased Sept (Month) 22 (Day) 1867 (Year)

8. AGE: Years 80 Months 8 Days 3 If less than one day hr. min.

9. Birthplace Pevely (City, town, or county) Mo (State or foreign country)
10. Usual occupation Housewife
11. Industry or business
FATHER
12. Name Elisha Ellis
13. Birthplace Pevely (City, town, or county) Mo (State or foreign country)
MOTHER
14. Maiden name Hubnum
15. Birthplace " " (City, town, or county) " (State or foreign country)
16. (a) Informant A. J. Hensley
(b) Address Pevely, Mo
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 5-27-48 (Month) (Day) (Year)
(c) Place: burial or cremation Sandy Cemetery
18. (a) Signature of funeral director "Jinks"
(b) Address Festus Mo
19. (a) June 4 1948 (Date received local registrar) (b) (Mrs.) Belleville (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 25th year 1948 hour 9 minute 45 A.M.
21. I hereby certify that I attended the deceased from 1/8 1937 to 5/25 1948 that I last saw her alive on 5/8 1948 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Cerebral Hemorrhage	5 days
Due to arteriosclerosis + Hypertension	11 yrs
Due to	
Other conditions. (Include pregnancy within 3 months of death)	

Major findings: Of operations None
Of autopsy None

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 0

23. Signature Dr. [illegible] (M. D. or other) M.D.
Address Herculaneum, Mo Date signed 5/25/48

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 9,
District File Number JUN 9 1948
Date Filed

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 Eleuan Province

Licensed Embalmer No. 3403

P. O. Address Festus, 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.