No. 2
—1/47
5-17-39

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

FEDERAL SECURITY AGENCY
National Office of Vital Statistics
FILED OCT 28 1948

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 33306

Registration District No. 155 | Primary Registration District No. 3127 | Registrar's No. 155

1. PLACE OF DEATH:
(a) County: Jasper
(b) City or town: Webb City (If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 524 N. Webb St. (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: 45yr

2. USUAL RESIDENCE OF DECEASED:
(a) State: Missouri (b) County: Jasper
(c) City or town: Webb City (If outside city or town limits, write "RURAL")
(d) Street No.: 524 N. Webb St (If rural, give location)
(e) Citizen of foreign country? NO (Yes or No)
If yes, name country .....

3. (a) PRINT FULL NAME: Mrs. Wynona 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: Orin Hensley
6. (c) Age of husband or wife if alive ..... years
7. Birth date of deceased: November (Month) 15 (Day) 1902 (Year)

8. AGE: Years 45 | Months 11 | Days 3 | If less than one day ..... hr. ..... min.

9. Birthplace: Wichita (City, town, or county) Kansas (State or foreign country)
10. Usual occupation: At home
11. Industry or business .....

MOTHER FATHER
12. Name: Ike Simmington
13. Birthplace: unknown (City, town, or county) (State or foreign country)
14. Maiden name: Ira Belle Baldwin
15. Birthplace: Unknown (City, town, or county) (State or foreign country)

16. (a) Informant: Orin Hensley (husband)
(b) Address: Webb City Mo
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: Oct. 20, 48 (Month) (Day) (Year)
(c) Place: burial or cremation: Carterville Cemetery
18. (a) Signature of funeral director: Hedge-Lewis
(b) Address: Webb City, Missouri
19. (a) OCT 19 1948 (Date received local registrar) (b) [illegible] (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month October day 17th year 1948 hour 6 minute 40 P.M.
21. I hereby certify that I attended the deceased from April 15 1935 to Oct 17 1948, that I last saw her alive on Oct 16 1948 and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Diabetes Mellitus	20 years
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations	
Of autopsy	

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)
While at work? ..... (e) Means of injury .....
23. Signature: R. M. Stormont (M. D. or other)
Address: Webb City Mo. Date signed: 10/18/48

Jefferson City Printing Co. (Licensed Embalmer's Statement on Reverse Side)

48-10-873

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. 2859

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.