

FILED JUL 29 1949 STANDARD CERTIFICATE OF DEATH MISSOURI

23824 State File No. 23824 Registrar's No. 123

BIRTH NO. REG. DIST. NO. 157 PRIMARY REG. DIST. NO. 2028

1. PLACE OF DEATH a. COUNTY Jasper b. CITY Carthage c. LENGTH OF STAY Lifetime d. FULL NAME OF HOSPITAL OR INSTITUTION 410 Orner St.,

2. USUAL RESIDENCE a. STATE Missouri b. COUNTY Jasper c. CITY Carthage d. STREET ADDRESS 410 Orner St.,

3. NAME OF DECEASED a. (First) Bertha b. (Middle) Alma c. (Last) HENSLEY 4. DATE OF DEATH July 18, 1949

5. SEX Female 6. COLOR OR RACE White 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED Married 8. DATE OF BIRTH Nov. 14, 1898 9. AGE 50 8 4

10a. USUAL OCCUPATION Housewife 10b. KIND OF BUSINESS OR INDUSTRY None 11. BIRTHPLACE Jasper County Missouri 12. CITIZEN OF WHAT COUNTRY U.S.

13a. FATHER'S NAME Willis Thomas 13b. MOTHER'S MAIDEN NAME Rebecca Fansler 14. NAME OF HUSBAND OR WIFE Albert Hensley

15. WAS DECEASED EVER IN U.S. ARMED FORCES? No 16. SOCIAL SECURITY NO 490-10-0235 17. INFORMANT'S SIGNATURE AND ADDRESS Albert Hensley 410 Orner St. Carthage, Mo.

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH\* (a) Uremia ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Carcinoma of fundus lentic to death secondary to changes of glaucoma with HYPERTENSIVE CARDIO VASCULAR DISEASE

19a. DATE OF OPERATION 7/20/49 19b. MAJOR FINDINGS OF OPERATION Carcinoma of lentic with metastases to ovary, etc. 20. AUTOPSY? YES NO X

21a. ACCIDENT SUICIDE HOMICIDE 21b. PLACE OF INJURY 21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) Carthage Mo. 1548

21d. TIME OF INJURY 21e. INJURY OCCURRED WHILE AT WORK NOT WHILE AT WORK 21f. HOW DID INJURY OCCUR

22. I hereby certify that I attended the deceased from 9 Sept, 1947, to 18 July, 1949, that I last saw the deceased alive on 18 Sept, 1949, and that death occurred at m., from the causes and on the date stated above.

23a. SIGNATURE [Signature] 23b. ADDRESS Carthage Mo. 23c. DATE SIGNED 19 July 1949

24a. BURIAL, CREMATION, REMOVAL Burial 24b. DATE 7-20-1949 24c. NAME OF CEMETERY OR CREMATORY Oak Hill 24d. LOCATION Carthage, Mo.

DATE REC'D BY LOCAL REG. 7/19/49 REGISTRAR'S SIGNATURE, 139 Ed. C. Ulmer FUNERAL DIRECTOR'S SIGNATURE AND ADDRESS Ed. C. Ulmer Carthage, Mo.

Reg. A. Fee 9.00 (Required Embalmer's Statement on Reverse Side)

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

10.48

RECEIVED 7-25-49

Jasper County Health Office

County File Number 49-7-555

Date Filed 7-26-49

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

Student Embalmer No.

working under my personal supervision.

Student .....  
Student Embalmer

Signed

*Gene C. Pugh*  
Gene C. Pugh

Licensed Embalmer No. 4231

P. O. Address Carthage, 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.