

FILED OCT 14 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 30457

4044

BIRTH NO. _____		REG. DIST. NO. <u>149</u>		PRIMARY REG. DIST. NO. <u>1002</u>		Registrar's No. _____	
1. PLACE OF DEATH				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).			
a. COUNTY Jackson		b. CITY (If outside corporate limits, write RURAL and give town or township) Kansas City		c. LENGTH OF STAY (in this place) 4 1/2 Yrs.		a. STATE Missouri	
b. CITY (If outside corporate limits, write RURAL and give township) Kansas City		c. LENGTH OF STAY (in this place) 4 1/2 Yrs.		c. CITY (If outside corporate limits, write RURAL and give township) Kansas City		b. COUNTY Jackson	
d. FULL NAME OF HOSPITAL OR INSTITUTION At Home				d. STREET ADDRESS (If rural, give location) 3930 Agnes			
3. NAME OF DECEASED (Type or Print)		a. (First) Pauline		b. (Middle) Marie		c. (Last) HENSLEY	
4. DATE OF DEATH		(Month) (Day) (Year)		Sept. 24, 1950			
5. SEX Fe.		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married		8. DATE OF BIRTH 12 - 10 - 1885	
9. AGE (In years last birthday) 64		IF UNDER 1 YEAR Months 9 Days 24		IF UNDER 1 YEAR Hours Min. 			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife				10b. KIND OF BUSINESS OR INDUSTRY Home		11. BIRTHPLACE (State or foreign country) Jefferson City, Mo. O	
12. CITIZEN OF WHAT COUNTRY? USA				13a. FATHER'S NAME M. A. Stairh		13b. MOTHER'S MAIDEN NAME Catherine Smith	
14. NAME OF HUSBAND OR WIFE Wm. C. Hensley,				15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO. No	
17. INFORMANT'S SIGNATURE OR NAME Wm. C. Hensley, 3930 Agnes, K. C., Mo.				ADDRESS Wm. C. Hensley, 3930 Agnes, K. C., Mo.			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION				INTERVAL BETWEEN ONSET AND DEATH 6 hrs	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Carcinoma of heart		ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Carcinoma of heart				27 1/2 yrs	
*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.		DUE TO (c)					
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.						170X	
19a. DATE OF OPERATION Feb 1948		19b. MAJOR FINDINGS OF OPERATION Carcinoma of heart				20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Minute)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from <u>Feb</u> , 19 <u>48</u> , to <u>Sept 24</u> , 19 <u>50</u> , that I last saw the deceased alive on <u>Sept 23</u> , 19 <u>50</u> , and that death occurred at <u>2:30</u> m., from the causes and on the date stated above.							
23a. SIGNATURE Wm. H. Goodson Jr.				23b. ADDRESS 730 East 19th Kansas City Mo		23c. DATE SIGNED 9/24/50	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 9 - 26 - 50		24c. NAME OF CEMETERY OR CREMATORY Memorial Park Cemetery		24d. LOCATION (City, town, or county) (State) Kansas City, Mo.	
DATE REC'D BY LOCAL REG. 9-25-50		REGISTRAR'S SIGNATURE Geraldine Holmes		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Melody-McGilley-Eylar, 1800 Linwood, K. C. Mo.			

(Licensed Embalmer's Statement on Reverse Side)

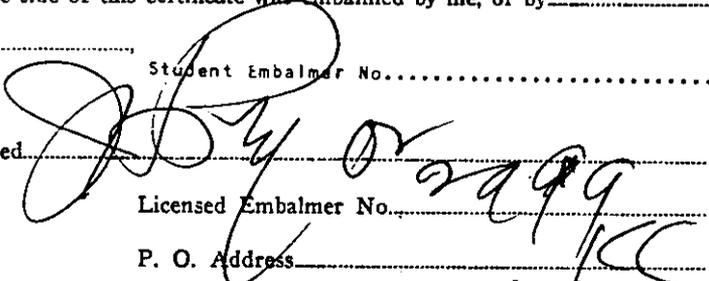
WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

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.....

.....
working under my personal supervision.

.....
Student Embalmer No.....

Signed.....


Signed.....
Student Embalmer

.....
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.