

FILED NOV 18 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATHState File No. **37062**
4624

| | | | | | | | |
|---|--|--|--|---|--|---|--|
| BIRTH NO. _____ | | REG. DIST. NO. <u>149</u> | | PRIMARY REG. DIST. NO. <u>1002</u> | | Registrar's No. _____ | |
| 1. PLACE OF DEATH a. COUNTY Jackson | | | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Jackson | | | |
| b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Kansas City | | c. LENGTH OF STAY (In this place) 45 Years | | c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Kansas City | | d. STREET ADDRESS (If rural, give location) 3930 Agnes Avenue | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION 3930 Agnes Avenue | | | | 3. NAME OF DECEASED a. (First) William b. (Middle) Claude c. (Last) HENSLEY | | | |
| 4. DATE OF DEATH November 1, 1950 | | 5. SEX Male | | 6. COLOR OR RACE White | | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed | |
| 8. DATE OF BIRTH Dec. 21, 1881 | | 9. AGE (In years last birthday) 68 | | 10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Electrician | | 11. BIRTHPLACE (State or foreign country) Boone County, Missouri | |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Electrician | | 10b. KIND OF BUSINESS OR INDUSTRY K. C. Star | | 11. BIRTHPLACE (State or foreign country) Boone County, Missouri | | 12. CITIZEN OF WHAT COUNTRY? USA | |
| 13a. FATHER'S NAME John A. Hensley | | 13b. MOTHER'S MAIDEN NAME Alice Ann Jolly | | 14. NAME OF HUSBAND OR WIFE Pauline M. Hensley | | | |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no | | 16. SOCIAL SECURITY (If yes, give no. or date of service) none | | 17. INFORMANT'S SIGNATURE OR NAME ADDRESS Marvin S. Hensley 3930 Agnes, K.C., Mo. | | | |
| 18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death. | | | | MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary Thrombosis INTERVAL BETWEEN ONSET AND DEATH 5 days ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Arteriosclerotic Ht Disease DUE TO (c) Arteriosclerosis II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. 42 | | | |
| 19a. DATE OF OPERATION | | 19b. MAJOR FINDINGS OF OPERATION | | 20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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) | | 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>4/10</u> , 19 <u>42</u> , to <u>11/1</u> , 19 <u>50</u> , that I last saw the deceased alive on <u>10/30</u> , 19 <u>50</u> , and that death occurred at <u>12:30</u> m., from the causes and on the date stated above. | | | | | | | |
| 23a. SIGNATURE Wm. H. Goodson, Jr. (Degree or title) MD | | | | 23b. ADDRESS 750 Professional Bldg Kansas City 6, Mo. | | 23c. DATE SIGNED Nov 1, 1950 | |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) Burial | | 24b. DATE 11/3/50 | | 24c. NAME OF CEMETERY OR CREMATORY Memorial Park | | 24d. LOCATION (City, town, or county) (State) Kansas City, Missouri | |
| DATE REC'D BY LOCAL REG. 11-2-50 | | REGISTRAR'S SIGNATURE M. Thelma Holmes | | 25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Melody-McGille-Eylar K.C., Mo. | | | |

(Licensed Embalmer's Statement on Reverse Side)

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

No. 300
10. 48

3008

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CERTIFICATE

OF

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 Max H. Kirkendall

Signed.....
Student Embalmer

Licensed Embalmer No. 4632

P. O. Address S. C. Ma

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.