

Registration District No. 37

Primary Registration District No. 3018

Registrar's No.

1. PLACE OF DEATH:

(a) County Henry 2
(b) City or town Clinton
(c) Name of hospital or institution: _____
(If outside city or town limits, write "RURAL" and name of township)(d) Length of stay: In hospital or institution _____
(Specify whether _____)In this community 22 yrs
years, months or days3. (a) PRINT FULL NAME EDWIN JOHNSON KENSINGBY

3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex male 5. Color or race white 6. (a) Single, widowed, married, divorced married6. (b) Name of husband or wife CLARA A. KENSINGBY 6. (c) Age of husband or wife if alive _____ years7. Birth date of deceased MARCH 22 1858
(Month) (Day) (Year)8. AGE: Years 81 Months 7 Days 16 If less than one day _____ hr. _____ min.9. Birthplace COVINGTON OHIO
(City, town, or county) (State or foreign country)10. Usual occupation FARMER

11. Industry or business _____

12. Name LEWIS H. KENSINGER 113. Birthplace COVINGTON OHIO
(City, town, or county) (State or foreign country)14. Maiden name ALICE HITCHIN15. Birthplace ENGLAND
(City, town, or county) (State or foreign country)16. (a) Informant's own signature Lewis H. Kensinger(b) Address 114 North Glenwood Columbia Mo17. (a) BURIAL (b) Date thereof 11-10-39
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation _____

18. (a) Signature of funeral director Fred Wilkerson(b) Address Clinton Mo19. (a) 11-27-39 (b) Dr. J. R. Walker
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State MISSOURI (b) County HENRY(c) City or town CLINTON
(If outside city or town limits, write "RURAL")(d) Street No. 401 NORTH THIRD
(If rural, give location)

(e) If foreign born, how long in U. S. A. _____ years

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month NOV. day 8
year 1939 hour 11 minute 40 A.M.21. I hereby certify that I attended the deceased from 11-4-39
_____, 19____, to 11-8, 19____;that I last saw him alive on 11-8, 19____;
and that death occurred on the date and hour stated above.Immediate cause of death Typhoid Anemia Duration 4 daDue to Influenza 2 da

Due to _____

Other conditions _____

(Include pregnancy within 3 months of death)

Major findings: Of operations _____

Of autopsy _____

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? _____

While at work? _____ (Specify type of place) (e) Means of injury _____

23. Signature J. R. Walker (M. D. or other) _____Address Clinton Mo Date signed _____

RECEIVED

District Health Officer No. 7;

District Office Number 7-39-16

Date Filed 12-12-39

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 Fred Wellhausen

Licensed Embalmer No. 2478

P. O. Address Clinton, 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, above space should be left blank.