

U. S. No. 2  
100M-5-43  
Rev. 5-17-39  
I X36671

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

24784

FILED AUG 14 1944

State File No. ....

Registration District No. 137

Primary Registration District No. 4218

Registrar's No. 118

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

1. PLACE OF DEATH:

(a) County Henry

(b) City or town Windsor  
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:  
203 S. Tebo  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 1  
19 years (Specify whether years, months or days)

In this community 19 years (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Henry 4.2

(c) City or town Windsor, Missouri Z  
(If outside city or town limits, write "RURAL") 0

(d) Street No. 203 S. Tebo  
(If rural, give location)

(e) Citizen of foreign country? XXXXXX No (Yes or No)  
If yes, name country 0

3. (a) PRINT FULL NAME Millard Asbury Hensley

3. (b) If veteran, name war 0

3. (c) Social Security No. 0

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 31  
year 1944 hour 2 minute 0 p. M.

21. I hereby certify that I attended the deceased from Sept. 10, 1940, to May 31, 1944.  
that I last saw him alive on May 31, 1944,  
and that death occurred on the date and hour stated above.

4. Sex Male

5. Color or race White

6. (a) Married (Single, widowed, married, divorced)

6. (c) Age of husband or wife if alive 61 years

7. Birth date of deceased November 6, 1866  
(Month) (Day) (Year)

Immediate cause of death

Due to Influenza and arthritis 2 mo  
6.11

Due to

8. AGE:	Years	Months	Days	If less than one day
	<u>77</u>	<u>6</u>	<u>25</u>	hr. min.

Other conditions (include pregnancy within 3 months of death) 33a

Major findings: none

Of operations none

Of autopsy none

PHYSICIAN ---  
Underline the cause to which death should be charged statistically.

9. Birthplace McLaen County, Illinois  
(City, town, or county) (State or foreign country)

10. Usual occupation Farmer

11. Industry or business

12. Name John G. Hensley

13. Birthplace Virginia  
(City, town, or county) (State or foreign country)

14. Maiden name Elizabeth Stonbock

15. Birthplace Virginia  
(City, town, or county) (State or foreign country)

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? \_\_\_\_\_

16. (a) Informant Mrs. M.A. Hensley

(b) Address Windsor, Missouri

17. (a) Burial (Burial, cremation, or removal)

(b) Date thereof June 2, 1944  
(Month) (Day) (Year)

(c) Place: burial or cremation Windsor, Missouri

18. (a) Signature of funeral director Hester Turner

(b) Address Windsor, Mo.

19. (a) July 8, 1944 (Date received local registrar)

(b) Georgia Kitchener (Signature of registrar)

While at work? \_\_\_\_\_ (Specify type of place)

(c) Means of injury 0

23. Signature J.A. Blackmore (M. D. or other) M.D.

Address Windsor Mo Date signed 6-1-44

1069

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED  
District Health Officer No. 7,  
District File Number 2-24-92-8  
Date Filed 8-17-46

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 Edell Huston

Licensed Embalmer No. 3391

P. O. Address Windsor, 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.