

**MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH**

41119
Do not use this space.

1. PLACE OF DEATH

(a) County WRIGHT ² Registration District No. 907
 (b) Township PLEASANT VALLEY Primary Registration District No. 4548
 (c) or City MANSFIELD (d) Street No. _____ St.
 (e) Length of residence in city or town where death occurred 70 yrs. mos. da. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

Registered No. 20

2. PRINT FULL NAME Gideon Morgan Hensley

(a) Residence, No. _____ St. (If nonresident, give city or town and State)
 (Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX MALE 4. COLOR OR RACE WHITE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) WIDOWER
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF NUIDA HENSLEY
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) MAY 31 - 1860
 7. AGE YEARS 79 MONTHS 5 DAYS 3 If LESS than 1 day, _____ hrs. or _____ min.
 OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. RETIRED FARMER
 9. Industry or business in which work was done, as saw mill, bank, etc. _____
 10. Date deceased last worked at this occupation (month and year) MAY 1933 11. Total time (years) spent in this occupation 71 YR

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Tennessee

FATHER 13. NAME WILLIAM M. HENSLEY

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) TENN.

MOTHER 15. MAIDEN NAME BETSY A. DENNIS

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Tennessee

17. INFORMANT WILLIAM HENSLEY
 (ADDRESS) MANSFIELD MO

18. BURIAL, CREMATION, OR REMOVAL PLACE Hensley Cem. DATE November 7, 1939

19. FUNERAL DIRECTOR (NAME) EASTFEE
 (ADDRESS) MANSFIELD MO

20. FILED 11-8- 1939 J. N. Short
 Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) NOV 4, 1939

22. I HEREBY CERTIFY, That I attended deceased from Dead when I arrived, 1939

I last saw h. _____ alive on _____, 19____. Death is said to have occurred on the date stated above, at 8 P. M.
 The principal cause of death and related causes of importance were as follows:

Aortic Thrombosis. Just Dead when I arrived

Date of onset _____

Other contributory causes of importance: 92W

Name of operation _____ Date of _____
 What test confirmed diagnosis? _____ Was there an autopsy? _____

23. If death was due to external causes (violence), fill in also the following:
 Accident, suicide, or homicide? _____ Date of injury _____, 19____

Where did injury occur? _____ (Specify city or town, county, and State)
 Specify whether injury occurred in industry, in home, or in public place.

Manner of injury _____
 Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased?
 If so, specify _____

(Signed) J. J. Fusan M. D.
 (Address) Mansfield, Mo.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

RECEIVED

Death Officer No. 6,

District No. 1239-2428

Date Filed DEC. 5, 1939

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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

F. C. Steffe

Licensed Embalmer No. 3221

P. O. Address Mansfield 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.