

Registration District No. **592**

Primary Registration District No. **5790**

Registrar's No. **36**

1. PLACE OF DEATH:

(a) County **Montgomery**  
(b) City or town **Rural / Montgomery**  
(c) Name of hospital or institution:  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution **70 years 3-23 days**  
In this community **70 years 3-23 days**

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **Montgomery**  
(c) City or town **Rural**  
(If outside city or town limits, write "RURAL")  
Street No. **Near Buell mo**  
(If rural, give location)  
(e) If foreign, how long in U. S. A. **0 11 1900** years.

3. (a) PRINT FULL NAME **DANIEL WHITE HENSLEY**

3. (b) If veteran, name war \_\_\_\_\_ 8. (c) Social Security No. \_\_\_\_\_

4. Sex **Male** 5. Color of race **White** 6. (a) Single, widowed, married, divorced **Married**  
6. (b) Name of husband or wife **Docia (Arthrae) Hensley** 6. (c) Age of husband or wife if alive **62** years  
7. Birth date of deceased **July 12 1870**  
(Month) (Day) (Year)

8. AGE: Years **70** Months **3** Days **23** If less than one day hr. \_\_\_\_\_ min. \_\_\_\_\_

9. Birthplace **Montgomery County Mo.**  
(City, town, or county) (State or foreign country)

10. Usual occupation **Farmer**

11. Industry or business **Farmer**

12. Name **Pitman Hensley** 1  
18. Birthplace **Virginia**  
(City, town, or county) (State or foreign country)

14. Maiden name **Dorcas White**  
15. Birthplace **Montgomery Mo.**  
(City, town, or county) (State or foreign country)

16. (a) Informant **Mrs Dan Hensley**  
(b) Address **Buell mo**

17. (a) **Buuel** (b) Date thereof **Nov 5 1940**  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **White Cemetery**

18. (a) Signature of funeral director **J. Marlow**  
(b) Address **Montgomery City**

19. (a) **Nov 4 1940** (b) **Buell Hensley**  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Nov** day **3<sup>rd</sup>**  
year **1940** hour **6** minute **00** M.

21. I hereby certify that I attended the deceased from **since her death**, 19\_\_\_\_;  
that I last saw him \_\_\_\_\_ alive on \_\_\_\_\_, 19\_\_\_\_;  
and that death occurred on the date and hour stated above.

Immediate cause of death **Coronary Thrombosis**

Due to **Exertion & age**

Due to **found dead at 3:20 a.m. - 11-4-40**  
Other conditions **in farm barn**  
(Exclude pregnancy within 3 months of death)

Major findings:  
Of operations \_\_\_\_\_  
Of autopsy \_\_\_\_\_

22. If death was due to external causes, fill in the following:  
(a) Accident, suicide, or homicide (specify) **no**  
(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?  
**592**

(Specify type of place) \_\_\_\_\_  
While at work? \_\_\_\_\_ (e) Means of injury **5**

23. Signature **E. J. T. Anderson** (M. D. or other) **MD**  
Address **Montgomery City** Date signed **11/4/40**  
**Carener of Montgomery Co**

Duration **?**  
PHYSICIAN \_\_\_\_\_  
Underline the cause to which death should be charged statistically.

WRITE PLAINLY—USE 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 \_\_\_\_\_  
\_\_\_\_\_, Registered Apprentice No. \_\_\_\_\_  
working under my personal supervision.

Signed Joseph A. Marla  
Licensed Embalmer No. 3658  
P. O. Address Montgomery Ct

**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.**