

S. No. 2  
OM-5-43  
Rev. 5-17-39  
X36671

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

19535

State File No. \_\_\_\_\_

JUL 11 1945

Registration District No. 149

Primary Registration District No. 1002

Registrar's No. 2718

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

1. PLACE OF DEATH:

(a) County JACKSON

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

(c) Name of hospital or institution: OSTEOPATHIC HOSPITAL D  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 10 DAYS  
(Specify whether years, months or days)

In this community 19 yrs  
years, months or days

3. (a) PRINT FULL NAME WILLIAM ROSS HENSLEY

3. (b) If veteran, name war NO

3. (c) Social Security No. NONE

4. Sex MALE

5. Color or race WHITE

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

6. (b) Name of husband or wife MRS. BESSIE HENSLEY

6. (c) Age of husband or wife if alive 64 years

7. Birth date of deceased OCTOBER 2 - 1879  
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>65</u>	<u>8</u>	<u>24</u>	hr. _____ min.

9. Birthplace MISSOURI  
(City, town, or county) (State or foreign country)

10. Usual occupation W. R. HENSLEY LIVE STOCK

11. Industry or business LIVE STOCK EXCHANGE BLDG.

12. Name BENJAMIN F. HENSLEY

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

14. Maiden name ELIZABETH CLARE

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

16. (a) Informant MRS. BESSIE HENSLEY

(b) Address 6418 WORNALL TERRACE

17. (a) BURIAL (b) Date thereof JUNE 28 1945  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation FOREST HILL CEMETERY

18. (a) Signature of funeral director C. M. Newcomer's Sons

(b) Address 1401 BRUSH CREEK BLVD

19. (a) 6-27-45 (b) Geraldine Holmes  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State MISSOURI (b) County JACKSON

(c) City or town KANSAS CITY  
(If outside city or town limits, write "RURAL")

(d) Street No. 6418 WORNALL TERRACE  
(If rural, give location)

(e) Citizen of foreign country? NO (Yes or No)  
If yes, name country \_\_\_\_\_

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month JUNE day 26th  
year 1945 hour 10 minute 45 P.M.

21. I hereby certify that I attended the deceased from 1949 1945 to 6-26-1945 1945  
that I last saw him alive on June 26 7:30 P.M. 1945  
and that death occurred on the date and hour stated above.

Immediate cause of death: lobar  
Hypostatic pneumonia 4-5 days  
Duration

Due to Cerebral Hemorrhage

Due to Hypertension

Other conditions: \_\_\_\_\_  
(Include pregnancy within 3 months of death)

Major findings: 108

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 Geo J. Clark (M. D. or other) \_\_\_\_\_  
487 1/2 W. 75 St Address \_\_\_\_\_ Date 6-27-45

408 1/2 W. 15th Street

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 Emile M. Colburn

Licensed Embalmer No. 3506

P. O. Address KC 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.