

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

Do not use this space.

5598

1. PLACE OF DEATH

48 County Jackson
Township Blue
City Independence (No. St. Ward)

Registration District No. 398
Primary Registration District No. 5554

File No.
Registered No. 65

2. FULL NAME

Fredrick A. Henschman
(a) Residence. No. 6 miles East of town Ward.
(Usual place of abode)

Length of residence in city or town where death occurred 3 yrs. — mos. — ds. How long in U. S., if of foreign birth? yrs. mos. ds. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX male 4. COLOR OR RACE white 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (*write the word*) single

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Nov 2, 1917

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, hrs. or min.
<u>15</u>		<u>3</u>	<u>20</u>	

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work at home
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

91A
90

9. BIRTHPLACE (CITY OR TOWN) Anaconda
(STATE OR COUNTRY) Ark.

10. NAME OF FATHER W. A. Henschman

11. BIRTHPLACE OF FATHER (CITY OR TOWN) Creston, Ia
(STATE OR COUNTRY) Qu. Kingman

12. MAIDEN NAME OF MOTHER Ethel Waldman

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Newton Iowa
(STATE OR COUNTRY)

14. INFORMANT John R. Postell
(Address) 904 W. Van Horn St. Independence, Mo.

15. FILED Feb 25, 1933 Dr. F. L. Cook
REGISTRAR

2 MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Feb 22 1933

17. I HEREBY CERTIFY That I attended deceased from 19....., that I last saw him alive on 19....., and that death occurred, on the date stated above, at 1130 am m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Diffuse Adh. Thrombosis
Malignant Endocarditis
(duration) yrs. mos. ds.

CONTRIBUTORY (SECONDARY) 91A
(duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH

4 DID AN OPERATION PRECEDE DEATH? DATE OF

WAS THERE AN AUTOPSY? Yes

WHAT TEST CONFIRMED DIAGNOSIS? Autopsy
(Signed) Vincent Foster M. D.

Feb. 25, 1933 (Address) Lee Summit, Mo

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) Whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL Grange Cemetery DATE OF BURIAL Feb 25 1933

20. UNDERTAKER C. H. Blashaw & Son ADDRESS Kansas City

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.

10. 12. 12

Handwritten notes

Feb 12

10. 12. 12