

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

Do not use this space.

**AUG 14 1936**

**25376**

**1. PLACE OF DEATH**

County Adair Registration District No. 4  
Township Salt River Primary Registration District No. 5001  
City (No. ....) St. .... Ward)

File No. ....  
Registered No. 158

**2. FULL NAME**

Edward H. Hensel

(a) Residence, No. .... St., .... Ward.

(Usual place of abode)

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

**PERSONAL AND STATISTICAL PARTICULARS**

3. SEX M 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Mar 28 1846

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, hrs. or min.
	<u>90</u>	<u>3</u>	<u>19</u>	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year) ..... 11. Total time (years) spent in this occupation .....

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

13. NAME Joseph Hensel

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

15. MAIDEN NAME Johanna

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

17. INFORMANT Mary Hensel  
(ADDRESS) Adair, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Novelty Mo. DATE 7-19 1936

19. UNDERTAKER F. P. Enley  
(ADDRESS) Adair, Mo.

20. FILED July 24 1936 Spencer Freeman  
Registrar.

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 17 1936

22. I HEREBY CERTIFY, That I attended deceased from July 16 1936, to July 17 1936

I last saw him alive on July 17 1936 Death is said to have occurred on the date stated above, at 11 P. m.

The principal cause of death and related causes of importance were as follows:

Heat Prostration Date of onset 7-16

Other contributory causes of importance:

Advanced Age

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) H. M. Hensel, M. D.  
(Address) Adair, 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.

