AUG 11 1937

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

Do not use this space.

26309

File No. 3322

Registered No.

1. PLACE OF DEATH

County: Jackson — Registration District No.: 399

Township: Kaw — Primary Registration District No.: 1002

City: K.C. Mo. (No. 3406, Montgall Ave. St. ..... Ward)

2. FULL NAME Oscar Louis Henschel, sr. 2

(a) Residence, No. 3406 Montgall Ave. St., 1 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	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word)
Male	White	Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Mrs. Camilla M. Henschel

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jan. 15, 1858

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ... hrs. or ..... min.
	79	6	0	

OCCUPATION

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

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

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) Langenhausen, Germany

FATHER

13. NAME Ferdinand R. Henschel

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

MOTHER

15. MAIDEN NAME Unknown

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

17. INFORMANT Mrs. Camilla M. Henschel
(ADDRESS) 3406 Montgall

18. BURIAL, CREMATION, OR REMOVAL
PLACE Mt. Moriah DATE July 17, 1937

19. UNDERTAKER Wagner Funeral Home
(ADDRESS) 204 W. Linwood

20. FILED July 16, 1937 M. M. Brown
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 15, 1937

22. I HEREBY CERTIFY, That I attended deceased from Sept. 1, 1936, to July 15, 1937

I last saw him alive on July 14, 1937. Death is said to have occurred on the date stated above, at 5:15 m. am

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

	Date of onset
Pernicious Anemia	1933
Subacute Degeneration of Spinal Cord	1936

8/a

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? Blood counts Was there an autopsy? No

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 1

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify .....

(Signed) Jack W. Ung, M. D.

(Address) 620 Argyle Bldg.

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.

Argyle Bq

Vr 2692