

051 9 1939

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

32787

Do not use this space.

1. PLACE OF DEATH

(a) County Lafayette ? Registration District No. 460
(b) Township _____ Primary Registration District No. 4272 Registered No. 51
(c) City Corder, Mo (d) Street No. _____ St.
(If death occurred in Hospital or Institution, write its name instead of street and number)
(e) Length of residence in city or town where death occurred yrs. mos. 260 (f) How long in U. S., if of foreign birth? yrs. mos. da.

2. PRINT FULL NAME

(a) Residence, No. _____ St. (If nonresident, give city or town and State)
260 Fred P Senseser
(Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widowed

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jan 5, 1852

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
87 8 9 11

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Retired Farmer
9. Industry or business in which work was done, as 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) Lowell Wis13. NAME John Senseser14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany15. MAIDEN NAME Mary Weeserling16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany17. INFORMANT (ADDRESS) Irene S Senseser
Corder, Mo18. BURIAL, CREMATION, OR REMOVAL PLACE Calvary Cemetery DATE Sept 18, 193919. FUNERAL DIRECTOR (ADDRESS) C. S. James
Concordia, Mo20. FILED Sept 12, 1939 Tiffany Webb
Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Sept 16, 1939

22. I HEREBY CERTIFY, That I attended deceased from Sept 11, 1939, to Sept 16, 1939.
I last saw him alive on Sept 15, 1939. Death is said to have occurred on the date stated above, at 2 a. m.

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

Cerebral thrombosis 9-16-39
Broncho pneumonia 9-14-39

Other contributory causes of importance:

Name of operation _____ Date of _____

What test confirmed diagnosis? _____ 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 _____

24. Was disease or injury in any way related to occupation of deceased? _____

If so, specify _____

(Signed) Dr. Johnston, M. D.(Address) Corder Mo

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

I. X12004
50M-7-20-37

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.

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RECEIVED
District Health Officer No. 8,
District File Number
10/4/39
Date Filed

STATEMENT BY LICENSED EMBALMER

I, E. S. James, Licensed Embalmer No. 2058
hereby certify that the body recorded on the reverse side of this certificate was embalmed by me
L. E. _____
No. _____ or by _____ Registered Apprentice No. _____
working under my personal supervision.
Signed E. S. James
Licensed Embalmer No. 2058

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.)