JAN 10 1940

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

43458
Do not use this space.

1. PLACE OF DEATH
(a) County Grundy 2 Registration District No. 329
(b) Township Wilson 1 Primary Registration District No. 5195 Registered No.
(c) City Laredo (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. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME 251 SARAH MARGARET HESSENFLOW
(a) Residence, No. Laredo Missouri St.
(Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female
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 Joseph Hessenflow

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) March 20 1867

7. AGE: YEARS 82 MONTHS 8 DAYS 12 If LESS than 1 day, ...hrs. or ....min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Housewife
9. Industry or business in which work was done, as saw mill, bank, etc. Own home
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) Grundy Co Mo

FATHER
13. NAME Claypole
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

MOTHER
15. MAIDEN NAME Mary Ann Chapple
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Grundy Co Mo

17. INFORMANT (ADDRESS) Nettie Shaney Galt Mo

18. BURIAL, CREMATION, OR REMOVAL
PLACE Pleasant Hill cem DATE Dec 4 1939

19. FUNERAL DIRECTOR (NAME) E. J. Robertson (ADDRESS) Laredo Missouri

20. FILED Dec. 9, 1939 Mrs Mabel Warren Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 12-3, 1939

22. I HEREBY CERTIFY, That I attended deceased from 8-5, 1939 to 12-3, 1939
I last saw her alive on 12-3, 1939 Death is said to have occurred on the date stated above, at 2:20 A.m.
The principal cause of death and related causes of importance were as follows:

Aortic Stenosis
Arterio Sclerosis

Date of onset

92 A

Other contributory causes of importance:
Calcinositis + Colitis

Name of operation none 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 none
Nature of injury none

24. Was disease or injury in any way related to occupation of deceased?
If so, specify
(Signed) Ray J. Gay, M. D.
(Address) Laredo Mo

(Licensed Embalmer's Statement on Reverse Side)

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.

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 E. J. Robertson

Licensed Embalmer No. 2448

P. O. Address Jarrell, Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to compl with the above constitutes grounds for revocation of license.)

If this body is not embalmed, above space should be left blank.