AUG

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

25318
Do not use this space.

1. PLACE OF DEATH

(a) County Iron — Registration District No. 391
(b) ~~Township~~ ~~Areadia~~ — Primary Registration District No. 4230 — Registered No. 46
or
(c) City Ironton — (d) Street No. St. Mary's Hospital 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 525 Bernard John Hensen
(a) Residence, No. Bixby Mo. 0 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	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 Margariet Hensen

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Oct. 10, 1887

7. AGE YEARS	MONTHS	DAYS	If LESS than 1 day, ...hrs. or ...min.
52	8	29	

OCCUPATION
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. laborer
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) Germany

FATHER
13. NAME John Hensen
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany

MOTHER
15. MAIDEN NAME Mary DeVenter
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany

17. INFORMANT (ADDRESS) Mrs. Margariet Hensen Bixby Mo.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Czar Mo. DATE July 11, 1940

19. FUNERAL DIRECTOR (NAME) (ADDRESS) Norman White & Sons A. J. White Ironton Mo.

20. FILED July 16, 1940 Julia A. Gunton 969 Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 9, 1940

22. I HEREBY CERTIFY, That I attended deceased from July 9, 12:45 P.M., 1940, to July 9, 9:00 P.M., 1940
I last saw him alive on July 9, 1940 Death is said to have occurred on the date stated above, at 9.00 P.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
fractured skull	

Other contributory causes of importance:
fracture of 7th, 8th, 9th and 10th ribs right with rupture of lung.

Name of operation none 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? accident Date of injury 7-9-, 1940
Where did injury occur? Near Banner, Iron, Mo.
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Public place
Manner of injury automobile accident
Nature of injury collision with fixed object

24. Was disease or injury in any way related to occupation of deceased? no
If so, specify
(Signed) [signature] , M. D.
(Address) Ironton, Missouri George Gay

(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.

WHITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

I X16605

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 Lincoln J. White

Licensed Embalmer No. 3012

P. O. Address Thorton Tex.

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

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