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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED NOV 19 1943

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

F 38659

State File No.

Registration District No. 190 Primary Registration District No. 5704 Registrar's No. 6

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH:

(a) County Livingston

(b) City or town Wheeling Wheeling twp (If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: /x (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution x (Specify whether In this community 41 yrs years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Livingston

(c) City or town Wheeling (If outside city or town limits, write "RURAL")

(d) Street No. (If rural, give location)

(e) Citizen of foreign country? (Yes or No)

If yes, name country /

3. (a) PRINT FULL NAME David Sensenich

3. (b) If veteran, name war +

3. (c) Social Security No. x

4. Sex male

5. Color or race white

6. (a) Single, widowed, married, divorced married

6. (b) Name of ~~husband~~ or wife Bertha Sensenich

6. (c) Age of ~~husband~~ or wife if alive 68 years

7. Birth date of deceased Aug (Month) 20 (Day) 1868 (Year)

8. AGE: Years 75 Months 1 Days 13 If less than one day hr. min.

9. Birthplace Compassville (City, town, or county) Penn (State or foreign country)

10. Usual occupation Lumber merchant

11. Industry or business

FATHER
12. Name John H. Sensenich
13. Birthplace (City, town, or county) Penn (State or foreign country)

MOTHER
14. Maiden name Harriet Diller
15. Birthplace (City, town, or county) Penn (State or foreign country)

16. (a) Informant Bertha Sensenich

(b) Address

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Oct (Month) 5 (Day) '43 (Year)

(c) Place: burial or cremation Wheeling cemetery

18. (a) Signature of funeral director Smiley Funeral Home

(b) Address Wheeling

19. (a) Oct 4th 43 (Date received local registrar) (b) Ruth T Norman Dept. (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct day 3 year 1943 hour 8:00 minute 4 M.

21. I hereby certify that I attended the deceased from Aug 22, 1943 to Oct 3, 1943 that I last saw him alive on Sept 30, 1943 and that death occurred on the date and hour stated above.

Immediate cause of death Chronic Bright's disease

Due to

Due to

Other conditions (Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

Duration 1 yr.

PHYSICIAN — Underline the cause to which death should be charged statistically.

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22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify)

(b) Date of occurrence

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? (Specify type of place)

While at work? (e) Means of injury

23. Signature P J Brennan (M. D. or other)

Address Chillicothe, Mo Date signed 10/4/43

(Licensed Embalmer's Statement on Reverse Side)

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 Frank L. Smiley

Licensed Embalmer No. 470

P. O. Address Wheeling Mo

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.)

If this body is not embalmed, fact should be so stated above.