V. S. No. 2
00M—5-43
ev. 5-17-39
I X36671

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 14008

FILED APR 17 1947

Registration District No. 2173 Primary Registration District No. 4273 Registrar's No. 3

1. PLACE OF DEATH:

(a) County LAFAYETTE

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

(c) Name of hospital or institution: 1
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution (Specify whether
In this community 4 YEARS
years, months or days)

2. USUAL RESIDENCE OF DECEASED: 54

(a) State MISSOURI (b) County LAFAYETTE

(c) City or town CONCORDIA 1
(If outside city or town limits, write "RURAL")

(d) Street No. 0
(If rural, give location)

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

If yes, name country

3. (a) PRINT FULL NAME FRITZ N. HENSIEK

3. (b) If veteran, name war NO

3. (c) Social Security No. NO

4. Sex MALE

5. Color or race WHITE

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

6. (b) Name of husband or wife MARY HENSIEK

6. (c) Age of husband or wife if alive 74 years

7. Birth date of deceased MARCH (Month) 15 (Day) 1872 (Year)

8. AGE: Years 74 Months 11 Days 3 If less than one day hr. min.

9. Birthplace GERMANY (City, town, or county) 4 (State or foreign country)

10. Usual occupation FARMING

11. Industry or business

FATHER
12. Name HENRY HENSIEK
13. Birthplace GERMANY (City, town, or county) 4 (State or foreign country)

MOTHER
14. Maiden name MARIE REKE
15. Birthplace GERMANY (City, town, or county) 4 (State or foreign country)

16. (a) Informant HERMAN HENSIEK
(b) Address CONCORDIA, MO

17. (a) BURIAL (Burial, cremation, or removal) (b) Date thereof FEB (Month) 21 (Day) 1947 (Year)
(c) Place: burial or cremation ST PAULS CEMETERY

18. (a) Signature of funeral director E. S. JAMES
(b) Address CONCORDIA MO

19. (a) Feb. 19-'47 (Date received local registrar) (b) Mrs. M. Bird (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month FEB day 18
year 1947 hour 11 minute 20 A.M.

21. I hereby certify that I attended the deceased from 2-13, 1947, to 2-18, 1947
that I last saw him alive on 2-18, 1947
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Hypostatic Pneumonia	12 Hrs
Due to Cerebral Hemorrhage	4 Days
Due to High Blood Pressure	yrs
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations — 83A
Of autopsy —

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

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? 3
(Specify type of place)
While at work? (e) Means of injury

23. Signature W. F. G. Germann (M. D. or other) WB
Address Concordia Mo Date signed 2-19-47

155 (Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 8,
District File Number
Date Filed 4-18-47

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 me, Registered Apprentice No., working under my personal supervision.

Signed E. L. Jones

Licensed Embalmer No. 2058

P. O. Address Concordia, 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.