

FILED JUL 5 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 18726

BIRTH NO. _____ REG. DIST. NO. 42 PRIMARY REG. DIST. NO. 5134 Registrar's No. 716

1. PLACE OF DEATH a. COUNTY <u>Buchanan</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>MO</u> b. COUNTY <u>Buchanan</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>RURAL - WASHINGTON TWP.</u>		c. CITY (If outside corporate limits, write BURAL and give township) OR TOWN <u>RFD #3 - County Farm</u>	
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION <u>County Farm RFD #3</u>		d. STREET ADDRESS (If rural, give location)	
3. NAME OF DECEASED a. (First) <u>FRED</u> b. (Middle) <u>B</u> c. (Last) <u>HENSEL</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>6-22-49</u>
5. SEX <u>M</u>	6. COLOR OR RACE <u>wh</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>married</u>	8. DATE OF BIRTH <u>abt 1872</u>
9. AGE (In years last birthday) <u>abt 77</u>		10. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) <u>Columbus Ohio</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>RETIRED-DENTIST</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>	
13a. FATHER'S NAME <u>Do not know</u>		13b. MOTHER'S MAIDEN NAME <u>Do not know</u>	
14. NAME OF HUSBAND OR WIFE <u>Belle Hensel</u>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>no</u>	
16. SOCIAL SECURITY NO. <u>no</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Belle Hensel, Padonia MO</u>	
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Uremic Poisoning</u> ANTECEDENT CAUSES <u>Chronic Nephritis</u> DUE TO (b) _____ DUE TO (c) <u>##</u> II. OTHER SIGNIFICANT CONDITIONS <u>##</u> Conditions contributing to the death but not related to the disease or condition causing death.	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>No Operation</u>	
20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>		21a. ACCIDENT SUICIDE HOMICIDE (Specify)	
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
21f. HOW DID INJURY OCCUR?		22. I hereby certify that I attended the deceased from <u>June 13th, 49</u> to <u>June 22nd, 1949</u> , that I last saw the deceased alive on <u>June 22nd, 1949</u> , and that death occurred at <u>4:50 p.m.</u> , from the causes and on the date stated above.	
23a. SIGNATURE <u>B. W. Tadlock</u> (Degree or title)		23b. ADDRESS <u>1st St. Padonia MO</u>	
23c. DATE SIGNED <u>6/22/49</u>		24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	
24b. DATE <u>6-25-49</u>		24c. NAME OF CEMETERY OR CREMATORY <u>St. Joseph</u>	
24d. LOCATION (City, town, or county) (State) <u>St. Joseph MO</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>St. Joseph MO</u>	
DATE REC'D BY LOCAL REG. <u>June 29, 1949</u>		REGISTRAR'S SIGNATURE <u>E. C. Jenkins</u> 382	

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

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.....

..... Student Embalmer No.

working under my personal supervision.

Student
Student Embalmer

Signed

John R. Slawey

Licensed Embalmer No. *2435*

P. O. Address *H. Joseph*

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.