

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

Do not use this space.

6924

1. PLACE OF DEATH

County Ray
Township
City Richmond (No. 30353)

Registration District No. 744
Primary Registration District No. 30353

File No. _____
Registered No. 12
St. _____ Ward)

2. FULL NAME Kenneth Eugene Hessenflow

(a) Residence, No. _____ St., _____ Ward.

(Usual place of abode)

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred yrs. mos. 2 ds. 2 How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE white 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) single

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF X

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Dec. 2, 1932

7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min.
— 2 2

OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none
9. Industry or business in which work was done, as silk mill, 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) Richmond
Mo.

FATHER 13. NAME C. F. Hessenflow

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Henrietta
Mo.

MOTHER 15. MAIDEN NAME Constance Malley

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Richmond
Mo.

17. INFORMANT C. F. Hessenflow
(ADDRESS) Richmond Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Missouri State DATE Feb-5-1933

19. UNDERTAKER E. E. Egan
(ADDRESS) Richmond Mo.

20. FILED 2-7-33 E. E. Egan
(Signature)

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb-4-1933

22. I HEREBY CERTIFY, That I attended deceased from Feb 2, 1933 to Feb 4, 1933

I last saw him alive on Feb 4, 1933 Death is said

to have occurred on the date stated above, at 2 p.m.

The principal cause of death and related causes of importance were as follows:

Branchio-brachial Feb 2, 1933
107A / 107B
Other contributory causes of importance: _____

Name of operation _____ 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. 3

Manner of injury _____

Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? no

If so, specify _____

(Signed) E. E. Egan, M. D.

(Address) Richmond Mo.

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 PRINT, WITH UNFADING INK—THIS IS A PERMANENT RECORD

