

DEC'D MAR 16 1939

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

6251
 Do not use this space.

1. PLACE OF DEATH

(a) County Clay Registration District No. 201
 (b) Township Fishing River Primary Registration District No. 5280
 (c) City Mo. City, Missouri (d) Street No. 5279 1/2 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 Samuel J. Hessenflow

(a) Residence, No. Mo. City, Missouri St. (If nonresident, give city or town and State)
 (Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

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

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF Martha Elizabeth Cates (OR) WIFE OF

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Nov. 17, 1853

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. & min.
85 3 15 9 10

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Retired

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) Ranford Co., Iowa

FATHER 13. NAME William Hessenflow

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) ?

MOTHER 15. MAIDEN NAME Liza Crawfaord

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) ?

17. INFORMANT Alonazo Hessenflow (ADDRESS) Platt Co., Missouri

18. BURIAL, CREMATION, OR REMOVAL

PLACE Mo. City Cemetery DATE 3/4/39 19

19. FUNERAL DIRECTOR Gibson & Son (ADDRESS) Orrick, Missouri

20. FILED 3/5 19 9 E T Brant Local Registrar. 183

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) March 2, 1939

22. I HEREBY CERTIFY, That I attended deceased from December 13, 1938, to March 2, 1939

I last saw h. c. alive on March 1, 1939. Death is said to have occurred on the date stated above, at 9:10 a.m.

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

Chronic myocarditis Date of onset

Other contributory causes of importance:

Chronic glomerular nephritis
Carcinoma of pyloric portion of stomach

Name of operation Date of

What test confirmed diagnosis? None Was there an autopsy? no

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.

Manner of injury

Nature of injury

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

If so, specify

(Signed)

(Address)

William J. Campers
Missouri City
Mo.

RECEIVED
District Health Officer No. 8
District File Number
Date Filed 8/19/39

STATEMENT BY LICENSED EMBALMER

I, C. V. Gibson, Licensed Embalmer No. 2299

hereby certify that the body recorded on the reverse side of this certificate was embalmed by.....

L. E.

No. or by Edward C. Gibson, Registered Apprentice No. 151

working under my personal supervision.

Signed *C. V. Gibson*

Licensed Embalmer No. 2299

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.)