

REC'D APR 22 1938

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

11652

Do not use this space.

1. PLACE OF DEATH

(a) County Oregon
(b) Township Oak Grove
(c) City Myer

Registration District No. 622
Primary Registration District No. 5847

Registered No. 16

(e) Length of residence in city or town where death occurred 5 yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Isaac Hower Senseney 525

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

PERSONAL AND STATISTICAL PARTICULARS

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

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Niecey Cordelia Senseney

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) June 3, 1867

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
70 7 21

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

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) Kansas13. NAME Unknown14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown15. MAIDEN NAME Unknown16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown17. INFORMANT (ADDRESS) Margaret Storms Thayer, 1330 Myer18. BURIAL, CREMATION, OR REMOVAL PLACE Pleasant Hill DATE Mar 25, 193819. FUNERAL DIRECTOR (ADDRESS) Geo. Carr, Myer Mo20. FILED Mar 25, 1938 George Johnson Local Registrar. 563

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Mar. 24, 19 3822. I HEREBY CERTIFY That I attended deceased from Feb 5, 19 38, to March 24, 19 38I last saw him alive on March 22, 19 38 Death is said to have occurred on the date stated above, at 11:25 A. M.

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

Cerebral Hemorrhage Date of onset 2-5-38Other contributory causes of importance: gallName of operation None Date of What test confirmed diagnosis? Was there an autopsy? No23. 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?

If so, specify (Signed) J. D. Barnes, M. D.(Address) Myer Mo

STATEMENT BY LICENSED EMBALMER

I, _____, Licensed Embalmer No. _____

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

L. E.

No. _____ or by _____, Registered Apprentice No. _____

working under my personal supervision.

Signed _____

Licensed Embalmer No. _____

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.)