AUG 23 1928

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

Do not use this space.

1. PLACE OF DEATH

County: Gasconade — Registration District No. 303 — File No. 23490

Township: Roark — Primary Registration District No. 5420 — Registered No.

City: ..... (No. ..... St. ..... Ward)

2. FULL NAME George Henckler

(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. ✓ ds. 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*): married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: Hannah Henckler

6. DATE OF BIRTH (MONTH, DAY AND YEAR): June 25 - 1850

7. AGE

YEARS	MONTHS	DAYS	If LESS than 1 day, ... hrs. or ..... min.
78	0	24	

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work: Retired Farmer
(b) General nature of industry, business, or establishment in which employed (or employer): ✓
(c) Name of employer: ✓

9. BIRTHPLACE (CITY OR TOWN): St Louis
(STATE OR COUNTRY): Mo

PARENTS

10. NAME OF FATHER: Unkown
11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY): Unkown
12. MAIDEN NAME OF MOTHER: Unkown
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY): Unkown

14. INFORMANT: Mrs Hannah Henckler
(Address): Hermann Mo

15. FILED 7-19, 1928 Anna K Rickhoff, REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR): July 18 1928

17. I HEREBY CERTIFY, That I attended deceased from July 12, 1928, to July 18, 1928, that I last saw him alive on July 17, 1928, and that death occurred, on the date stated above, at 10.30 a.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Intussusception of small bowel

1223 (Duration) ..... yrs. ..... mos. 6 ds.

CONTRIBUTORY (SECONDARY) ..... (Duration) ..... yrs. ..... mos. ..... ds.

1186

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH? ✓
9 DID AN OPERATION PRECEDE DEATH? ✓ DATE OF ✓
WAS THERE AN AUTOPSY? ✓
WHAT TEST CONFIRMED DIAGNOSIS? ✓

(Signed) F. H. Caughell, M. D
, 19 (Address) Herman Mo

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL: Hermann City Cemetery — DATE OF BURIAL: 7/21 1928

20. UNDERTAKER: Herman Blumer — ADDRESS: Hermann 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.