

JAN 8 1937

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

Do not use this space.

44118

63

1. PLACE OF DEATH

County Clark

Registration District No. 190

File No. 63

Township Kahoka

Primary Registration District No. 4113

Registered No. 63

City Kahoka (No.         )

St.          Ward         

2. FULL NAME Emile Ernestine Heinge

(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

MEDICAL CERTIFICATE OF DEATH

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

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec. 23, 1936

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Herman P. Heinge

22. I HEREBY CERTIFY that I attended deceased from Aug 1, 1936 to Dec 22, 1936

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sept. 8, 1856

I last saw him alive on Dec 23, 1936 Death is said to have occurred on the date stated above, at 10:30 AM

7. AGE YEARS 80 MONTHS 3 DAYS 15 If LESS than 1 day, hrs. or min.

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

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At Home

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         

Other contributory causes of importance:  
Hypertension + Arterial degeneration

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Wethen Sachsen Germany

13. NAME David John Benglix

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

15. MAIDEN NAME Frederica S. Mitake

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

17. INFORMANT (ADDRESS) Arthur Heinge Kahoka Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE St. Pauls Cem DATE Dec 26, 1936

19. UNDERTAKER (ADDRESS) Fred J. Karle Kahoka Mo

20. FILED 12/26, 1936 J. R. Dudgeon Registrar

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.

Manner of injury         

Nature of injury         

24. Was disease or injury in any way related to occupation of deceased? If so, specify          (Signed) J. R. Dudgeon, M. D. (Address) Kahoka Mo

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

