NOV 17 1937

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

Dr. F. Stahl
Do not use this space.

37696

File No. 1019
Registered No.

1. PLACE OF DEATH
County Greene Registration District No. 318
Township Primary Registration District No. 2001
City Springfield, Mo. (No. Burge Hosp. St., Ward)

2. FULL NAME John Edward Henning
(a) Residence, No. Rogers, Ark. 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*): Divorced

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) July 12 1895

7. AGE: Years 42 | Months 3 | Days 10 | If LESS than 1 day, ...hrs. or ....min.

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OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Salesman
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Fostoria Glass Co.
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) Franklin County Missouri

FATHER
13. NAME James H. Henning
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Framklin, Ohio

MOTHER
15. MAIDEN NAME Nancy L. Kestner
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Missouri

17. INFORMANT (ADDRESS) Byron H. Henning Muskogee, Okla.

18. BURIAL, CREMATION, OR REMOVAL
PLACE St. Louis, Mo. DATE Oct. 23, 1937

19. UNDERTAKER (ADDRESS) H.H. Lohmeyer Funeral Home Springfield, Mo.

20. FILED Oct 22, 1937 Chas A George MD Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Oct. 22, 1937

22. I HEREBY CERTIFY, That I attended deceased from Oct 21, 1937 to Oct 22, 1937
I last saw him alive on Oct 22, 1937. Death is said to have occurred on the date stated above, at 6:50 a.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Chr Myocarditis - degenerative	1 yrs.

Other contributory causes of importance: ASC

Name of operation None Date of —
What test confirmed diagnosis? Clinical 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) FRED R. STAHL, M. D.
(Address) 618 LANDERS BLDG., SPRINGFIELD, MISSOURI

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.