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.

REC'D JAN 18 1939

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

42707
Do not use this space.

1. PLACE OF DEATH
(a) County Chariton 2 Registration District No. 175
(b) Township Salisbury 1 Primary Registration District No. 5243 Registered No. 46
(c) City ..... (d) Street No. ..... 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 520 Margarette Helen Henke
(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 Female
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 Benjamine Henke
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jan 13 - 1904
7. AGE YEARS 34 MONTHS 11 DAYS 3 If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. housewife
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 13 yr.

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mo

FATHER
13. NAME Joseph Bindel
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Nebr.

MOTHER
15. MAIDEN NAME Magdaline Weeske
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Minn.

17. INFORMANT (ADDRESS) Ben Henke Salisbury Mo
18. BURIAL, CREMATION, OR REMOVAL
PLACE Salisbury DATE 12/19 1938
19. FUNERAL DIRECTOR (NAME) (ADDRESS) Geo B Henke Mayer Salisbury Mo
20. FILED 12/16 1938 W Hawkins Local Registrar. 163

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec. 16 1938

22. I HEREBY CERTIFY, That I attended deceased from Dec 16, 1938, to Dec 16, 1938
I last saw her alive on Dec 16, 1938. Death is said to have occurred on the date stated above, at 2:45 P.m.
The principal cause of death and related causes of importance were as follows:

Post Partum Hemorrhage — Date of onset 12/16/38

144 B

Other contributory causes of importance:

Confinement

Name of operation — Date of .....
What test confirmed diagnosis? — 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) W Hawkins, M. D.
(Address) Salisbury Mo

(Licensed Embalmer's Statement on Reverse Side)

JUL 3 1945

RECEIVED
District Health Officer No. 8,
District File Number 1/4/39
Date Filed

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, ...

Geo B Winkelmeyer ....., or by .....

Registered Apprentice No....., working under my personal supervision.

Signed Geo B Winkelmeyer

Licensed Embalmer No. 2125

P. O. Address Salisbury 2

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comp with the above constitutes grounds for revocation of license.)

If this body is not embalmed, above space should be left blank.