REC'D FEB 15 1939

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

2074
Do not use this space.

1. PLACE OF DEATH
(a) County Cole — Registration District No. 215
(b) Township Liberty — Primary Registration District No. 5295 — Registered No.
(c) City Taos, Mo. — (d) Street No. Taos, Mo. 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 FRANK 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: 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~~ Lidvina Henke

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jan 6. 1886.

7. AGE: YEARS 53 — MONTHS 0 — DAYS 12 — If LESS than 1 day, ...hrs. or ....min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Laborer
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) Taos, Mo.

FATHER
13. NAME Henry Henke
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Taos, Mo.

MOTHER
15. MAIDEN NAME Mary Brankan
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Taos, Mo.

17. INFORMANT (ADDRESS) Mrs Lidvina Henke Taos Mo.

18. BURIAL, ~~CREMATION~~, OR ~~REMOVAL~~
PLACE Taos Mo. DATE Jan 20 39

19. FUNERAL DIRECTOR (NAME) (ADDRESS) John F. Hemrick J. C. Mo.

20. FILED Feb 12 39 Jacob N. Rosebal Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) January 18, 1939

22. HEREBY CERTIFY That I attended deceased from Coroner's 19.., to Case, 19..
I last saw h..... alive on ....., 19..... Death is said to have occurred on the date stated above, at 7:30 A.m.
The principal cause of death and related causes of importance were as follows:

Chronic Valvular Heart Disease — Date of onset

Other contributory causes of importance: None

Name of operation none Date of ——
What test confirmed diagnosis? None Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? no 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) Frank J. Nichols, M. D.
194 (Address) Centertown, Mo.

(Licensed Embalmer's Statement on Reverse Side)

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

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, ...

John F. HEINRICHS, or by .....

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

Signed John F. Heinrichs

Licensed Embalmer No. 3655

P. O. Address Jefferson City

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

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