

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.

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

9579
 Do not use this space.

1. PLACE OF DEATH

(a) County Jackson Registration District No. 399
 (b) Township Jane Primary Registration District No. 1007 Registered No. **1185**
 (c) City Juanas City (d) Street No. 339 North Lawn St.
 (e) Length of residence in city or town where death occurred 50 yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME

(a) Residence, No. 524 Mrs. Grace Krug Henkel St. (If nonresident, give city or town and State)
339 N. Lawn (Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE white 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED Widow
 6A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Conrad Henkel
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jan 6, 1847
 7. AGE YEARS 92 MONTHS 2 DAYS 10 If LESS than 1 day, hrs. or min.
 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. at home
 9. Industry or business in which work was done, as saw mill, bank, etc. at home
 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) Germany
 13. NAME Unk. Krug
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany
 15. MAIDEN NAME Wynsauer
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany

17. INFORMANT (NAME) (ADDRESS) Mrs. J. A. Hopkins
339 North Lawn
 18. BURIAL, CREMATION, OR REMOVAL PLACE St. Mary's DATE Mar 18, 1939
 19. FUNERAL DIRECTOR (NAME) (ADDRESS) Dr. Newcomer's Sons
Brushcreek & Paseo
 20. FILED Mar 18, 1939 M. M. Crowe Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) March 16, 1939
 22. I HEREBY CERTIFY, That I attended deceased from Jan 37, 1939, to March 16, 1939
 I last saw her alive on March 16, 1939. Death is said to have occurred on the date stated above, at 7:30 P m.

The principal cause of death and related causes of importance were as follows:
Cerebral apoplexy.
930

Other contributory causes of importance:
Chronic myocardial degeneration of senility
 Name of operation _____ Date of _____
 What test confirmed diagnosis? St. Richard 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? _____
 If so, specify _____
 (Signed) Dr. Frank E. Ray M. D.
 (Address) 4316 E 9th St
R. E. No.

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Ba-01621
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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,

....., or by

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

Signed..... *Laurence Carr*

Licensed Embalmer No..... *4031*

P. O. Address.....

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

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