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

22618
Do not use this space.

REC'D JUL 14 1939

1. PLACE OF DEATH
(a) County MACON
(b) Township
(c) City BEVIER
(d) Street No. 4313 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.

Registration District No. 527
Primary Registration District No. 5703
Registered No.

2. PRINT FULL NAME HENNERITTA JULIUS
(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): WIDOWED
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: JACOB JULIUS
6. DATE OF BIRTH (MONTH, DAY, AND YEAR): MAR 16 - 1844
7. AGE: YEARS 95 MONTHS 2 DAYS 14 If LESS than 1 day, ...hrs. or ....min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.: DOMESTIC
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): GERMANY 6

FATHER
13. NAME: JOHN ARNTZEN 6
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): GERMANY 6

MOTHER
15. MAIDEN NAME: UNKNOWN
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): GERMANY

17. INFORMANT (ADDRESS): PANSY WALTON BEVIER, MO.
18. BURIAL, CREMATION, OR REMOVAL
PLACE WEST OAKWOOD DATE 6-1 1939
19. FUNERAL DIRECTOR (NAME) (ADDRESS): W. E. Edward Bevier, Mo.
20. FILED June 14th 1939 Edw. Simpson Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): MAY 30, 1939
22. I HEREBY CERTIFY, That I attended deceased from May 1, 1939, to May 30, 1939
I last saw her alive on May 29, 1939 Death is said to have occurred on the date stated above, at 6:15 A.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Fibroid heart.	?
93C	
Other contributory causes of importance:	
Arteriosclerosis	?

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) Dr E L Weidlich
(Address) Bevier, Mo.

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 10
District File Number 7-39-1223
Date Filed JUL 11 1939

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 _____

Licensed Embalmer No. _____

P. O. Address _____

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.