FILED APR 11 1941

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

10277
Do not use this space.

1. PLACE OF DEATH
(a) County Cape Girardeau — Registration District No. 125
(b) ~~Township~~ or " " — Primary Registration District No. 3109 — Registered No. 16115
(c) City — (d) Street No. Egypt Mills, 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 Henry E Kirchhoff
(a) Residence, No. Egypt Mills, Mo. St. 0
(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 0
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): Married 1
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: Annie Haase
6. DATE OF BIRTH (MONTH, DAY, AND YEAR): March 19th 1866
7. AGE: YEARS 75 — MONTHS 0 — DAYS 3 — If LESS than 1 day, ...hrs. or ....min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Retired Farmer
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): Cape County Mo. 0

FATHER
13. NAME: Henry W Kirchhoff
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Germany 4

MOTHER
15. MAIDEN NAME: Caroline Hente
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Germany 4

17. INFORMANT (ADDRESS): Mrs Henry E Kirchhoff, Egypt Mill, Mo
18. BURIAL, CREMATION, OR REMOVAL
PLACE Bertling Cemetery DATE Mar. 24, 1941
19. FUNERAL DIRECTOR (NAME) (ADDRESS): Brinkopf- Howell, Cape Girardeau, Mo 2
20. FILED 3-22, 1941 J. M. Thompson, Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): March 22, 1941
22. I HEREBY CERTIFY, That I attended deceased from 3-1, 1941, to 3-22, 1941
I last saw him alive on 3/22, 1941. Death is said to have occurred on the date stated above, at 9:06 pm
The principal cause of death and related causes of importance were as follows:

	Date of onset
Ch. Cardiac Valvular DIS 2	

Other contributory causes of importance:
Nephritis Ch

Name of operation ..... Date of .....
What test confirmed diagnosis? ..... Was there an autopsy? .....

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) [signature], M. D.
(Address) Cape Girardeau Mo
3-22-41

(Licensed Embalmer's Statement on Reverse Side)

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.

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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.....

Licensed Embalmer No. 3390

P. O. Address Cape Girardeau Mo.

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.