

Registration District No. 780

Primary Registration District No. 4466

Registrar's No. 29

1. PLACE OF DEATH

(a) County St. Genevieve
 (b) City or town St. Genevieve
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution: 1
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution _____
 (Specify whether _____)
 In this community _____
 years, months or days

3. (a) PRINT FULL NAME HENRY OKENTUSS

8. (b) If veteran, name war _____ 8. (c) Social Security No. _____

4. Sex MO 5. Color or race W 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Josephine Okentuss 6. (c) Age of husband or wife if alive 72 years

7. Birth date of deceased Feb 21 1861
 (Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
80 4 11 hr. min.

9. Birthplace St. Genevieve Ohio
 (City, town, or county) (State or foreign country)

10. Usual occupation Merchant

11. Industry or business Hardware Store

MOTHER FATHER { 12. Name Maximilian Okentuss

13. Birthplace Germany
 (City, town, or county) (State or foreign country)

14. Maiden name Anna
 (City, town, or county) (State or foreign country)

15. Birthplace Germany
 (City, town, or county) (State or foreign country)

16. (a) Informant's own signature Max Okentuss

(b) Address St. Genevieve MO

17. (a) Burial (b) Date thereof July 4 1941
 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation St. Genevieve

18. (a) Signature of funeral director James J. Smith

(b) Address St. Genevieve MO

19. (a) July 3/41 (b) T. W. Douglas
 (Date received by registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State MO (b) County St. Gen 9
 (c) City or town St. Genevieve
 (If outside city or town limits, write "RURAL")
 (d) Street No. _____
 (If rural, give location)
 (e) If foreign born, how long in U. S. A. 0 years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 1
 year 1941 hour 3:00 minute _____ M.

21. I hereby certify that I attended the deceased from March 19, 1941, to July 1, 1941
 that I last saw him alive on July 1, 1941
 and that death occurred on the date and hour stated above.

Immediate cause of death Coronary Thrombosis Duration 3/19/41

Due to General arteriosclerosis ?

Due to _____

Other conditions 94
 (Include pregnancy within 8 months of death)

Major findings: Of operations _____

Of autopsy _____

PHYSICIAN

Underline the cause to which death should be charged statistically

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) _____

(b) Date of occurrence _____

(c) Where did injury occur? _____
 (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? _____

While at work? _____ (Specify type of place) (e) Means of injury _____

23. Signature St. Genevieve MO (M. D. or other) _____

Address St. Genevieve MO Date signed 7/3/41

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

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.

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 Jerome A. Hunter

Licensed Embalmer No. 3817

P. O. Address See Reverse

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.