

No. 2
-13-40
-17-39
X23159

Registration District No. 218

Primary Registration District No. 3015

Registrar's No. 104

1. PLACE OF DEATH:
 (a) County GOOPER
 (b) City or town BOONVILLE
(If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution: ST. JOSEPH'S HOSPITAL
(If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution 5 DAYS
(Specify whether years, months or days)
 In this community 5 DAYS 0

3. (a) PRINT FULL NAME MRS. MARY FLORENTINE HENNECKE
 3. (b) If veteran, name war NONE
 3. (c) Social Security No. NONE

4. Sex FEMALE 5. Color or race WHITE
 6. (a) Single, widowed, married, divorced MARRIED
 6. (b) Name of husband or wife HENRY HENNECKE
 6. (c) Age of husband or wife if alive 80 years
 7. Birth date of deceased MARCH 13 1865
(Month) (Day) (Year)

8. AGE: Years 76 Months 5 Days 5
 If less than one day _____ hr. _____ min.

9. Birthplace NEW BELLE MISSOURI
(City, town, or county) (State or foreign country)

10. Usual occupation HOUSEWIFE

11. Industry or business OWN NONE

12. Name CHRISTIAN WISCHMEYER
 13. Birthplace GERMANY 4
(City, town, or county) (State or foreign country)
 14. Maiden name UNKNOWN
 15. Birthplace _____ 4
(City, town, or county) (State or foreign country)

16. (a) Informant MRS OLINDA BEVERBURG
 (b) Address NAPTON, MISSOURI

17. (a) REMOVAL (b) Date thereof AUG. 15 - 1941
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation AUGUSTA, MISSOURI

18. (a) Signature of funeral director SPONGER & KOENIG

(b) Address BOONVILLE, MO.

19. (a) 8-24-41 (b) W. Cooper
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED: 092
 (a) State MISSOURI (b) County ST. CHARLES
 (c) City or town FEMME OSAGE (RURAL)
(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.? 1 years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month AUGUST day 15th
 year 1941 hour 2 minute _____ A. M.

21. I hereby certify that I attended the deceased from 8/2, 1941 to 8/18/41, 19____;
 that I last saw her alive on 8/17/41, 19____;
 and that death occurred on the date and hour stated above.

Immediate cause of death Coronary Occlusion

Due to Ruptured appendix

Due to Peritonitis

Other conditions 12/11
(Include pregnancy within 3 months of death)

Major findings: Perforated appendix
Of operations
c free pus in abd. cavity
Of autopsy none

Duration

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 W. Cooper (M. D. or other) _____
 Address Boonville, Mo Date signed 8/18/41

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

7
1
2

RECEIVED
District Health Officer No. 8,
District File Number
9-11-41
the Filed

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 James W. Stegner

Licensed Embalmer No. 3780

P. O. Address Boonville, Mo

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, fact should be so stated above.