

STANDARD CERTIFICATE OF DEATH

State File No. 28909Registration District No. 919Primary Registration District No. 5793aRegistrar's No. 20

1. PLACE OF DEATH:

- (a) County Morgan
 (b) City or town Rural Hiwocreek Twp.
 (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 Herman Tambke

3. (b) If veteran, name war _____

3. (c) Social Security No. _____

4. Sex Male () race White 5. Color or
6. (a) Single, widowed, married, divorced married6. (b) Name of husband or wife Dorathea Lemke Tambke 6. (c) Age of husband or wife if
alive 52 years7. Birth date of deceased Jan. 28 1885
(Month) (Day) (Year)8. AGE: Years Months Days If less than one day
56 7 1 hr. min.9. Birthplace Stover Mo.
(City, town, or county) (State or foreign country)10. Usual occupation Farmer

11. Industry or business _____

MOTHER FATHER { 12. Name Henry T. Tambke13. Birthplace Germany Mo.
(City, town, or county) (State or foreign country)14. Maiden name Margaret Brauer15. Birthplace Brauersville Mo.
(City, town, or county) (State or foreign country)16. (a) Informant Raymond Tambke(b) Address Stover, Mo.17. (a) Burial (b) Date thereof Aug. 31, 1941
(Burial, cremation, or removal) (Month) (Day) (Year)(c) Place: burial or cremation Stover Cem.18. (a) Signature of funeral director Gayle Steirson(b) Address Stover, Mo.19. (a) Sept 10, 1941 (b) Am. S. Ripberger
(Date received local registrar) (Registrar's signature)5.70 (Licensed Embalmer's Statement on Reverse Side)

2. USUAL RESIDENCE OF DECEASED:

- (a) State Missouri (b) County Morgan 71
 (c) City or town Rural 0
 (If outside city or town limits, write "RURAL")
 (d) Street No. _____ (If rural, give location) 0
 (e) Citizen of foreign country? 0 (Yes or No)
 If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug. day 29 th.
year 1941 hour 1 minute 30 A. M.21. I hereby certify that I attended the deceased from Aug
29 1941 to August 29 1941
that I last saw him alive on Aug 27 1941
and that death occurred on the date and hour stated above.

Immediate cause of death

Carcinoma of prostate

Duration

10 1/2 yrs

Due to _____

Due to _____

Other conditions _____
(Include pregnancy within 3 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 J. L. Straborn (M. D. or other) 5793a
Address Versailles, Mo Date signed 8/29/41

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

RECEIVED

District Health Officer No. 7

District File Number 9-41-1650

Date Filed 9-11-41

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 *Jewell Stevenson*
Licensed Embalmer No. *4073*
P. O. Address *Stover Mo*

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

If this body is not embalmed, fact should be so stated above.