

S. No. 2  
4-13-40  
7. 5-17-39  
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DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS  
FILLED NOV 6 1941

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

State File No. 34258  
Registrar's No. 19

Registration District No. 8

Primary Registration District No. 201

1. PLACE OF DEATH:  
(a) County Benton  
(b) City or town Cole Camp *town*  
(c) Name of hospital or institution:  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether)  
In this community 1 Year 10 Months  
years, months or days

2. USUAL RESIDENCE OF DECEASED:  
(a) State Missouri (b) County Benton 8  
(c) City or town Cole Camp Rural 0  
(If outside city or town limits, write "RURAL") 0  
(d) Street No. \_\_\_\_\_ (If rural, give location)  
(e) If foreign born, how long in U. S. A.? 1 years.

3. (a) PRINT FULL NAME Herman Henry Conrad Schnakenberg  
(b) If veteran, name war No  
(c) Social Security No. None

MEDICAL CERTIFICATION  
20. DATE OF DEATH: Month October day 16  
year 1941 hour 9 minute 30 P. M.

4. Sex Male 5. Color or race White  
6. (a) Single, widowed, married, divorced Married  
6. (b) Name of husband or wife Mrs Margarethe Schnakenberg  
6. (c) Age of husband or wife if alive 69 years

21. I hereby certify that I attended the deceased from Jan 4, 1940 to Oct 16, 1941;  
that I last saw him alive on Oct 16, 1941;  
and that death occurred on the date and hour stated above.

7. Birth date of deceased July 30 1871  
(Month) (Day) (Year)  
8. AGE: Years 70 Months 2 Days 16 If less than one day  
hr. \_\_\_\_\_ min. \_\_\_\_\_

Immediate cause of death:  
Acute Congestive Heart Failure 3 days  
Chronic Glomerulonephritis 5 yrs.

9. Birthplace Lake Creek Benton Missouri  
(City, town, or county) (State or foreign country)  
10. Usual occupation Farmer

Due to \_\_\_\_\_  
Due to \_\_\_\_\_  
Other conditions (Include pregnancy within 3 months of death) 130

11. Industry or business \_\_\_\_\_  
12. Name Henry Schnakenberg  
13. Birthplace Gormany  
(City, town, or county) (State or foreign country)

Major findings: Of operations \_\_\_\_\_  
Of autopsy \_\_\_\_\_

14. Maiden name Anna Schnakenberg  
15. Birthplace Missouri  
(City, town, or county) (State or foreign country)  
16. (a) Informant Mrs H.H.C Schnakenberg  
(b) Address Cole Camp Mo

PHYSICIAN \_\_\_\_\_  
Underline the cause to which death should be charged statistically.

17. (a) Burial (b) Date thereof Oct 19 1941  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: burial or cremation Holy Cross  
18. (a) Signature of funeral director E. Eickhoff  
(b) Address Cole Camp Missouri  
19. (a) 10-19-41 (b) Sue Selover  
(Date received local registrar) (Registrar's signature)

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 0  
23. Signature J. D. Bennett (M. D. or other) MD  
Address Cole Camp Date signed 10-18-41

(Licensed Embalmer's Statement on Reverse Side)

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

800

RECEIVED

District Health Officer No. 7,

District File Number 11-41-1799

Date Filed 11-3-41

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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 E. L. Eichlin.....

Licensed Embalmer No. 730.....

P. O. Address Cole Camp Missouri.....

**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.**