

FILED JAN 23 1942

Registration District No. 213

Primary Registration District No. 3014

Registrar's No. 1

1. PLACE OF DEATH:

(a) County COLE
(b) City or town JEFFERSON CITY, MO.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: ST. MARY'S HOSPITAL
(If not in hospital or institution, write street number or location) ONE DAY
(d) Length of stay: In hospital or institution LIFE (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State MISSOURI (b) County COLE
(c) City or town ST. MARTIN'S HOSPITAL
(If outside city or town limits, write "RURAL")
(d) Street No. 0 (If rural, give location) 1
(e) Citizen of foreign country? 1 (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME CHARLES N. HENTGES

3. (b) If veteran, name war NONE 3. (c) Social Security No. NONE

4. Sex MALE 5. Color or race WHITE 5. (a) Single, widowed, married, divorced WIDOWED

6. (b) Name of husband or wife MARGARET DISTLER HENTGES DECEASED 6. (c) Age of husband or wife if DECEASED

7. Birth date of deceased APRIL 15, 1880
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
61 8 15 hr. min.

9. Birthplace ST. MARTIN'S, MO.
(City, town, or county) (State or foreign country)

10. Usual occupation LABORER

11. Industry or business

MOTHER FATHER { 12. Name CHARLES HENTGES
13. Birthplace UNKNOWN
14. Maiden name MARGARET DISTLER
15. Birthplace UNKNOWN
(City, town, or county) (State or foreign country)

16. (a) Informant FRANK EGGEN
(b) Address JEFFERSON CITY, MO.

17. (a) Burial (b) Date thereof 12/31/41
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation ST. MARTIN'S, MO.

18. (a) Signature of funeral director John F. Heintz

(b) Address JEFFERSON CITY, MO.
19. (a) 1-2-42 (b) Norma Richter
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month DECEMBER day 30
year 1941 hour 2 A.M. minute M.

21. I hereby certify that I attended the deceased from Dec 15,
1941 to Dec 30, 1941;
that I last saw him alive on Dec 30, 1941
and that death occurred on the date and hour stated above.

Immediate cause of death Chronic valvular heart disease Duration

Due to Hypertension & arteriosclerosis

Due to

Other conditions Chronic nephritis with edema

Major findings: Of operations 1318

Of autopsy

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 John A. Douglas (M. D. or other) M.D.
Address Jefferson City Date signed 12-31-41

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

6
5
4

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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

Sydney A. Nulle

Registered Apprentice No. 292

working under my personal supervision.

Signed *John F. Heinke*

Licensed Embalmer No. 3655

P. O. Address Jefferson City, 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.