

FILED MAR 20 1942

Registration District No. 881

Primary Registration District No. 6175

Registrar's No. 7

1. PLACE OF DEATH:

(a) County Warren  
(b) City or town Rural (Camp Branch)  
(If outside city or town limits, write "RURAL" and name of township)  
(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 \_\_\_\_\_  
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Warren 109  
(c) City or town Warrenton (Rural) 0  
(If outside city or town limits, write "RURAL") 0  
(d) Street No. \_\_\_\_\_  
(If rural, give location)  
(e) Citizen of foreign country? \_\_\_\_\_ 0 (Yes or No)  
If yes, name country \_\_\_\_\_

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb. day 26  
year 1942 hour 5 minute \_\_\_\_\_ P. M.  
21. I hereby certify that I attended the deceased from March 19  
1942, to Feb 26, 1942  
that I last saw him alive on Feb 2, 1942  
and that death occurred on the date and hour stated above.

Immediate cause of death \_\_\_\_\_  
Chronic Myocarditis  
Due to \_\_\_\_\_  
Due to \_\_\_\_\_

Duration

Other conditions \_\_\_\_\_  
(Include pregnancy within 3 months of death) 93d  
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? \_\_\_\_\_

(Specify type of place) \_\_\_\_\_  
While at work? \_\_\_\_\_ (e) Means of injury \_\_\_\_\_  
23. Signature L. Garcia (M. D. or other) \_\_\_\_\_  
Address Warrenton, Mo Date signed 2/28/42

3. (a) PRINT FULL NAME Wilhelm Henning

3. (b) If veteran, name war \_\_\_\_\_ 3. (c) Social Security No. none

4. Sex male 5. Color or race white 6. (a) Single, widowed, married, divorced single

6. (b) Name of husband or wife \_\_\_\_\_ 6. (c) Age of husband or wife if alive \_\_\_\_\_ years

7. Birth date of deceased October 8, 1856  
(Month) (Day) (Year)

8. AGE: Years 85 Months 4 Days 18  
If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

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

10. Usual occupation Retired Painter

11. Industry or business \_\_\_\_\_

12. Name unknown

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

14. Maiden name unknown

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

16. (a) Informant Mr. Walter Burgess

(b) Address Warrenton, Mo. R.F.D.

17. (a) Burial (b) Date thereof 2-28-42  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: burial or cremation Warrenton, Mo.

18. (a) Signature of funeral director Furnieburg & Co  
(b) Address Warrenton, Mo.

19. (a) 2/26/1942 (b) [Signature]  
(Date received local registrar) (Registrar's signature)

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

009

**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, John F. Zieburg  
....., Registered Apprentice No. ....  
working under my personal supervision.

Signed

John F. Zieburg  
.....

Licensed Embalmer No. 389

P. O. Address Warrenton, 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.**