

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

Rev. 5-17-39  
1 x 1011

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

20824

State File No. \_\_\_\_\_

Registrar's No. 28

FILED JUL 17 1942  
124  
Registration District No. \_\_\_\_\_

Primary Registration District No. 5199.4070

1. PLACE OF DEATH:

(a) County Cape Girardeau  
(b) City or town Jackson  
(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 78 years (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Cape Girardeau  
(c) City or town Jackson (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.? 0 years.

3. (a) PRINT FULL NAME Annie Bienlein  
3. (b) If veteran, name war \_\_\_\_\_ 3. (c) Social Security No. \_\_\_\_\_

4. Sex F 5. Color or race W 6. (a) Single, widowed, married, 2 divorced widowed  
6. (b) Name of husband or wife Geo. Bienlein 6. (c) Age of husband or wife if alive \_\_\_\_\_ years  
7. Birth date of deceased Nov. 5 1863 (Month) (Day) (Year)

8. AGE: Years 78 Months 7 Days 11 If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

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

10. Usual occupation Housewife

11. Industry or business \_\_\_\_\_  
12. Name Hy. Aitenthal  
13. Birthplace Germany (City, town, or county) (State or foreign country)  
14. Maiden name Caroline Klemme  
15. Birthplace Germany (City, town, or county) (State or foreign country)

16. (a) Informant's own signature Manford Schwab  
(b) Address Jackson, Mo

17. (a) Burial (b) Date thereof June 18 1942 (Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: burial or cremation City Cemetery

18. (a) Signature of funeral director Wilson-Stattler-Seaburg  
(b) Address Jackson, Missouri

19. (a) June 7 1942 (Date received local registrar) (b) J. B. Kestner (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 16 year 1942 hour 2 minute 40 A. M.

21. I hereby certify that I attended the deceased from March, 1937 to June 14, 1942  
that I last saw him alive on June 14, 1942  
and that death occurred on the date and hour stated above.

Immediate cause of death Cancer Schwann's Duration 9900

Due to 97  
Due to \_\_\_\_\_

Other conditions Myo Carditis (Include pregnancy within 3 months of death) 3 weeks

Major findings: Removal both legs  
Operation March 1933  
from cancer Schwann's  
Underline 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. B. Kestner (M. D. or other) 16-17-42  
Address Jackson Mo Date signed \_\_\_\_\_

RECEIVED

District Health Officer No. 4  
District File Number 742-874  
Date Filed 7-10-42

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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 Glenn Wilson

Licensed Embalmer No. 2828

P. O. Address Jackson 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, above space should be left blank.