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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
LED JAN 21 1943
STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. _____
Registrar's No. 231

Registration District No. 137
Primary Registration District No. 3023

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

1. PLACE OF DEATH:
(a) County Henry
(b) City or town CLINTON
(c) Name of hospital or institution: 619 E Lincoln
(d) Length of stay: In hospital or institution 35 yrs
In this community 35 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Henry
(c) City or town CLINTON
(d) Street No. 619 E Lincoln
(e) Citizen of foreign country? No

3. (a) PRINT FULL NAME Frank Henry Henneberg
3. (b) If veteran, name war _____
3. (c) Social Security No. _____

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month Dec day 19
year 1942 hour 8 minute 00 P.M.
21. I hereby certify that I attended the deceased from Jan 1942 to Dec 19 1942
that I last saw him alive on Nov 15 1942
and that death occurred on the date and hour stated above.

4. Sex M 5. Color or Race W
6. (a) Single, widowed, married, divorced, married
6. (b) Name of husband or wife Emma Henneberg
6. (c) Age of husband or wife if alive years 24
7. Birth date of deceased 24 1865

Immediate cause of death
Progress muscular paralysis 8 yr

8. AGE: Years 77 Months 9 Days 25
9. Birthplace Brunswick Mo

Due to _____
Due to _____
Other conditions (Include pregnancy within 3 months of death) 8211

10. Usual occupation Railroadman
11. Industry or business _____
12. Name Frank H. Henneberg
13. Birthplace Germany
14. Maiden name Unknown
15. Birthplace Germany

PHYSICIAN
Major findings: _____
Of operations: _____
Of autopsy: _____
Underline the cause to which death should be charged statistically.

16. (a) Informant Emma Henneberg
(b) Address Clinton Mo
17. (a) Burial (b) Date thereof 12 21 42
(c) Place: burial or cremation Englewood cem
18. (a) Signature of funeral director Fred Wilkins
(b) Address Clinton Mo
19. (a) Dec 21 1942 Georgia Kitchener

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? _____
(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 H. Walker (M. D. or other) M.D.
Address Clinton Mo Date signed 11-21-42

RECEIVED

District Health Officer No. 7,

District File Number 13-42-1437

Date Filed 1-14-43

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 Fred Wilkerson
Licensed Embalmer No. 2478
P. O. Address Clinton 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.