

FILED MAR 13 1943

Registration District No. _____

Primary Registration District No. 4110

Registrar's No. 11

1. PLACE OF DEATH:

(a) County Chariton

(b) City or town Salisbury Mo
(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 since 1895 (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Chariton

(c) City or town Salisbury
(If outside city or town limits, write "RURAL")

(d) Street No. _____ (If rural, give location)

(e) Citizen of foreign country? _____ (Yes or No)

If yes, name country _____

3. (a) PRINT FULL NAME Mary Helen Henke

3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 2 day 18 year 1943 hour 8 minute 44 P.

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Geo. J. Henke 6. (c) Age of husband or wife if alive 79 years

7. Birth date of deceased Oct 4 1869
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from Feb 15, 1943 to Feb 18, 1943
that I last saw him alive on Feb 18, 1943
and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral apoplexy Duration 4 days

8. AGE: Years 73 Months 4 Days 14 If less than one day _____ min.

Due to Cerebral arterio sclerosis

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

10. Usual occupation housewife

Due to _____

Other conditions 83d
(Include pregnancy within 3 months of death)

11. Industry or business _____

12. Name Herman Laake

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

14. Maiden name Margaret Brennand

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

Major findings: _____

Of operations _____

Of autopsy _____

PHYSICIAN _____

Underline the cause to which death should be charged statistically.

16. (a) Informant Henry Henke

(b) Address Salisbury Mo

17. (a) Burial (b) Date thereof 2-22-43
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Salisbury

18. (a) Signature of funeral director Geo. W. ...

(b) Address Salisbury Mo

19. (a) 3/2/43 (b) R. A. Kelly
(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 _____

23. Signature F. L. ... (M, D, or other) MD

Address Salisbury Mo Date signed 3-2-43

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

21
22
0

1A 23

RECEIVED

District Health Officer No. 8,

District File Number

Date Filed

3-12-43

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

H. P. B.

Registered Apprentice No.

working under my personal supervision.

Signed

Hubert P. Blum

Licensed Embalmer No.

3981

P. O. Address

Salisbury, Md.

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.