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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JUN 12 1943

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 17517

Registration District No. 53

Primary Registration District No. 3010

Registrar's No. 170.

1. PLACE OF DEATH:
(a) County Cape Girardeau
(b) City or town " " (If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: S.E. Mo Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 1 night (Specify whether
In this community 1 day years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Cape Girardeau
(c) City or town Jackson Mo (If outside city or town limits, write "RURAL")
(d) Street No. (If rural, give location)
(e) Citizen of foreign country? no. (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Ed Harenberg.
3. (b) If veteran, name war
3. (c) Social Security No.
4. Sex M
5. Color or race W
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 Do not know (Month) (Day) (Year)

8. AGE: Years About 72 | Months | Days | If less than one day hr. min.

9. Birthplace Cape Girardeau Co. (City, town, or county) O Mo. (State or foreign country)
10. Usual occupation Farm Labor.
11. Industry or business
FATHER
12. Name Theo Harenberg
13. Birthplace (City, town, or county) Germany (State or foreign country)
MOTHER
14. Maiden name Sophia Friecke
15. Birthplace (City, town, or county) Germany (State or foreign country)
16. (a) Informant Taken from Old Record
(b) Address Jackson, Mo.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 5/31/43 (Month) (Day) (Year)
(c) Place: burial or cremation Russell Heights
18. (a) Signature of funeral director McCombs Fun Co
(b) Address Jackson Mo
19. (a) 6-1-43 (Date received local registrar) (b) F. W. Phelps (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 31st year 1943 hour 4:00 minute 30 A.M.
21. I hereby certify that I attended the deceased from March 10th, 1943, to May 30th, 1943; that I last saw him alive on May 30th, 1943; and that death occurred on the date and hour stated above.

Immediate cause of death Myocardial Insufficiency (Decompensation)
Due to Cardio-Renal-Vascular Disease
Due to
Other conditions (Include pregnancy within 3 months of death) B/a
Major findings:
Of operations
Of autopsy

Duration

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 Dr. Albert L. Tindall (M. D. or other) D.O.
Address Jackson, Mo Date signed 5/31/43

1014

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 4
District File Number 643-2334
Date Filed 6-7-43

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. Not Embalmed

Licensed Embalmer No. .....

P. O. Address .....

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.