

Registration District No. 1809

Primary Registration District No. 3043

Registrar's No. 140

64
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH:

(a) County Maion

(b) City or town Hannibal
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution 1416 Fairview 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 Entire life (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Maion

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

(d) Street No. 1416 Fairview
(If rural, give location)

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

If yes, name country _____

3. (a) PRINT FULL NAME Emma Alice Denkler

3. (b) If veteran, name war _____

3. (c) Social Security No. _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 7 year 1943 hour 5 minute 50 P. M.

4. Sex Female

5. Color or race white

6. (a) Single, widowed, married, divorced married

6. (b) Name of husband or wife Henry J. Denkler

6. (c) Age of husband or wife if alive 79 years

7. Birth date of deceased August 10 1865
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from Jan 1930 19. to May 7 19. 43
that I last saw her alive on May 6 19. 43
and that death occurred on the date and hour stated above.

8. AGE:	Years	Months	Days	If less than one day
	<u>77</u>	<u>8</u>	<u>27</u>	hr. min.

Immediate cause of death Cerebral hemorrhage
Neuroplegia

Due to hypertension +
atherosclerosis

Due to _____

Duration
3 days

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

10. Usual occupation at home

11. Industry or business _____

12. Name Carlton Shaffer

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

14. Maiden name Margaret Stinson

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

16. (a) Informant Henry J. Denkler

(b) Address 1416 Fairview, Hannibal, Mo.

17. (a) Burial (b) Date thereof May 10, 1943
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation St. Mary's cemetery

18. (a) Signature of funeral director Ray P. Schwartz

(b) Address 1000 Olive, Hannibal, Mo.

19. (a) 5/17/43 (b) R. W. Turner
(Date received local registrar) (Registrar's signature)

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

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? _____

While at work? (Specify type of place) _____ (e) Means of injury _____

23. Signature M. W. Turner (M. D. or other)

Address Hannibal, Mo. Date signed May 14

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: *Ray P. Schwartz*.....

Licensed Embalmer No. *1765*.....

P. O. Address. *1000 Bluff Hannibal 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: