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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 22686

Registration District No. 363 Primary Registration District No. 6236 Registrar's No. 11

1. PLACE OF DEATH:

(a) County Warren

(b) City or town Rural -- Charrette Twnsp.
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: /
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution ..... (Specify whether
In this community 41 years
years, months or days)

2. USUAL RESIDENCE OF DECEASED: 109

(a) State Missouri (b) County Warren 0

(c) City or town Rural-- Charrette Twnsp. 0
(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 0

3. (a) PRINT FULL NAME Frank H. Willenbrink

3. (b) If veteran, name war .....

3. (c) Social Security No. .....

4. Sex Male

5. Color or race White 0

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

6. (b) Name of husband or wife Emma Willenbrink

6. (c) Age of husband or wife if alive 66 years

7. Birth date of deceased August (Month) 15 (Day) 1867 (Year)

8. AGE: Years 75 Months 9 Days 15 If less than one day ..... hr. ..... min.

9. Birthplace Augusta (City, town, or county) Missouri 0 (State or foreign country)

10. Usual occupation Clerk in Store

11. Industry or business .....

FATHER
12. Name Herman Willenbrink
13. Birthplace ..... (City, town, or county) Germany 4 (State or foreign country)

MOTHER
14. Maiden name Elizabeth Rolfes
15. Birthplace ..... (City, town, or county) Germany 4 (State or foreign country)

16. (a) Informant Isabelle Roesner
(b) Address Dutzow Mo.

17. (a) ..... (Burial, cre[redacted]al) (b) Date thereof June 2 1943 (Month) (Day) (Year)
(c) Place: burial or cremation Dutzow Mo

18. (a) Signature of funeral director Fred Wichtenberg
(b) Address Marthasville Mo

19. (a) Jun 1, 1943 (Date received local registrar) (b) Ethel Kehr (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 31 year 43 hour 7 minute 09 M.

21. I hereby certify that I attended the deceased from Oct 1, 1941, to May 7, 1943 that I last saw him alive on May 30, 1943 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Carcinoma of Rectum	3 Yrs
Due to	
Due to	
Other conditions Chr Bronchitis (Include pregnancy within 3 months of death)	

Major findings:
Of operations 46d
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? ..... (Specify type of place)

While at work? ..... (e) Means of injury .....

23. Signature G. C. Johnson (M. D. or [redacted])
Address Marthasville Date signed 6/1/43

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(Licensed Embalmer's Statement on Reverse Side)

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 W. Lichtenberg

Licensed Embalmer No. 1321

P. O. Address Marthasville 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.