

42783

DEPARTMENT OF COMMERCE
 BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
 STANDARD CERTIFICATE OF DEATH

State File No. _____

FILED JAN 6 1943

Registration District No. 171

Primary Registration District No. 4168

Registrar's No. 65

54

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

1. PLACE OF DEATH:
 (a) County Lafayette
 (b) City or town Mayview, Mo.
 (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 years, months or days)

2. USUAL RESIDENCE OF DECEASED:
 (a) State Missouri (b) County Lafayette
 (c) City or town Mayview
 (d) Street No. _____
 (e) Citizen of foreign country? No (Yes or No)
 If yes, name country _____

3. (a) PRINT FULL NAME Henry Paul Pomrenke
 3. (b) If veteran, name war World war one 3. (c) Social Security No. _____

MEDICAL CERTIFICATION
 20. DATE OF DEATH: Month Dec day 26th
 year 1943 hour 4 minute 20 A.M.

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Married
 6. (b) Name of husband or wife Evelyn Lefmann Pomrenke 6. (c) Age of husband or wife if alive _____ years
 7. Birth date of deceased April 5th 1894
 (Month) (Day) (Year)

21. I hereby certify that I attended the deceased from June, 1940, to Dec. 26, 1943.
 that I last saw him alive on Dec. 25, 1943
 and that death occurred on the date and hour stated above.
 Immediate cause of death Asphyxiation Duration _____

8. AGE: Years 49 Months 8 Days 21 If less than one day _____ hr. _____ min.

Due to Had only one lung. Duration 24 1/2 hrs.
 Due to Removal of entire right lung.
 Other conditions Bronchogenic carcinoma
 (Include pregnancy within 3 months of death)

9. Birthplace Hopedale, Ill (City, town, or county) (State or foreign country)
 10. Usual occupation Railroad Worker

PHYSICIAN
 Major findings:
 Of operations H7C
 Of autopsy _____
 Underline the cause to which death should be charged statistically.

MOTHER FATHER

11. Industry or business _____
 12. Name Edward Pomrenke
 13. Birthplace Germany (City, town, or county) (State or foreign country)
 14. Maiden name Pauline Pech
 15. Birthplace Germany (City, town, or county) (State or foreign country)
 16. (a) Informant Eglyn Lefmann Pomrenke
 (b) Address Mayview, Mo.
 17. (a) Burial (b) Date thereof 12/28/43
 (Burial, cremation, or removal) (Month) (Day) (Year)
 (c) Place: burial or cremation Mayview Cemetery
 18. (a) Signature of funeral director W. H. Foder
 (b) Address Higginsville, Mo.
 19. (a) Jan. 4-1943 (b) Mrs. W. F. Baker
 (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 Jno B. Willis (M. D. or other)
 Address Mayview, Mo. Date signed 12/27/43

DEC 24 1943

JAN 24 1944

RECEIVED
District Health Officer No. 8,
District File Number
Date Filed 1-5-44

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 *Thomas Rescher*
Licensed Embalmer No. 4284

P. O. Address Higginsville, 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.