

Registration District No. 53

Primary Registration District No. 3010

Registrar's No. 102

1. PLACE OF DEATH:

(a) County CAPE GIRARDEAU

(b) City or town CAPE GIRARDEAU

(c) Name of hospital or institution: 111 N PARK

(d) Length of stay: In hospital or institution _____ (Specify whether _____)

In this community 40 YEARS (years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State MISSOURI (b) County CAPE GIRARDEAU

(c) City or town CAPE GIRARDEAU 16

(d) Street No. 111 N PARK 1

(e) Citizen of foreign country? NO (Yes or No) 4

If yes, name country _____

3. (a) PRINT FULL NAME MARTIN EDWARD HENTE

(b) If veteran, name war NO

(c) Social Security No. 490-05-6049

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month APRIL day 6 year 1945 hour 11 minute 45 P. M.

4. Sex MALE 5. Color or race WHITE

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

6. (b) Name of husband or wife ROSA LOUISE HENTE

6. (c) Age of husband or wife if alive 52 years

7. Birth date of deceased FEB 7 1985

21. I hereby certify that I attended the deceased from 3-10 1945 to 4-6 1945 that I last saw him alive on 4-5 1945 and that death occurred on the date and hour stated above.

8. AGE: Years 60 Months 1 Days 29 If less than one day _____ hr. _____ min.

Immediate cause of death Myocarditis

Other conditions Nephritis

9. Birthplace CAPE GIRARDEAU CO MO

10. Usual occupation MECHANIC

Major findings: Of operations ADDITIONAL SUPPLEMENTARY INFORMATION

Of autopsy _____

11. Industry or business _____

12. Name FREDERICK HENTE

13. Birthplace HANOVER GERNANY

14. Maiden name LOUISE LUDERS

15. Birthplace CAPE GIRARDEAU CO MO

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? _____

(d) Did injury occur in or about home, on farm, in industrial place, in public place? _____

16. (a) Informant Donald Hente

(b) Address 449 W. Frederick Cape Girardeau Mo

17. (a) BURIAL (b) Date thereof APRIL 9 1945

(c) Place: burial or cremation MEMORIAL PARK

While at work? _____ (Specify type of place)

(e) Means of injury U

23. Signature [Signature] (M. D. or other) MD

Address Cape Girardeau Date signed 4/7/45

18. (a) Signature of funeral director [Signature]

(b) Address Cape Girardeau Mo

19. (a) 4-9-45 (Date received local registrar)

(b) [Signature] (Registrar's signature)

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

MOTHER FATHER

RECEIVED

District Health Officer No. 4

District File Number 545-5

Date Filed 5-7-45

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.....

C. J. Lorbing

Licensed Embalmer No. 3810

P. O. Address Cape Girardeau, 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.

Registration District No. 53

Primary Registration District No. 3010

1. PLACE OF DEATH:

(a) County Cape Girardeau
(b) City or town Cape Girardeau
(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 _____ (Specify whether)
years, months or days)

3. (a) PRINT FULL NAME Martin E. Dente

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 M

6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased Feb (Month) 7 (Day) 1945 (Year)

8. AGE: Years 60 Months 1 Days _____ If less than one day _____ min.

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

10. Usual occupation _____

11. Industry or business _____

12. Name _____

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

14. Maiden name _____

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

16. (a) Informant _____

(b) Address _____

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

(c) Place: burial or cremation _____

18. (a) Signature of funeral director _____

(b) Address _____

19. (a) _____ (Date received local registrar) (b) _____ (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State MO (b) County C. G. R.
(c) City or town C. G. R. MO
(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 _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April
year 1945 hour _____ minute _____ M.

21. I hereby certify that I attended the deceased from 3-10-45
to 4-6-45, 1945
that I last saw him alive on 4-4, 1945
and that death occurred on the date and hour stated above.
Immediate cause of death _____

Co. MYOCARDITIS

Due to _____

Due to _____

Other conditions NEPHRITIS, Ch.
(Include pregnancy within 3 months of death)

Major findings: Of operations 131A Of autopsy _____
ADDITIONAL SUPPLEMENTARY INFORMATION REQUESTED

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? _____

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

23. Signature [Signature] (M. D. or other) MD
Address Cape Girardeau MO Date signed 5/14/45

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

SUPPLEMENTAL

13052