

FILED JUN 9 1945

Registration District No. **53**

Primary Registration District No. **5186**

Registrar's No. **133**

1. PLACE OF DEATH:

(a) County **CAPE GIRARDEAU**
(b) City or town **RURAL RANDOL TOWNSHIP**
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
RFD # 1 5 MILES NORTH OF CAPE GIR. MO
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution **NO**
(Specify whether
In this community **74 YR 7 MO 26 DAYS**
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State **MISSOURI** (b) County **CAPE GIRARDEAU**
(c) City or town **RURAL ROUTE # 1**
(If outside city or town limits, write "RURAL")
(d) Street No. **5 MILES NORTH OF CAPE GIR. MO**
(If rural, give location)
(e) Citizen of foreign country? **NO** (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME **FRED. WM. HANEBRINK**

3. (b) If veteran, name war **NO NR** 3. (c) Social Security No. **NONE**

4. Sex **MALE** 5. Color or race **WHITE** 6. (a) Single, widowed, married, divorced **MARRIED**

6. (b) Name of husband or wife **ELDA HANEBRINK** 6. (c) Age of husband or wife if alive **33** years

7. Birth date of deceased **SEPT 7 1870**
(Month) (Day) (Year)

8. AGE: Years **74** Months **7** Days **26** If less than one day _____ hr. _____ min.

9. Birthplace **CAPE GIRARDEAU CO. MO**
(City, town, or county) (State or foreign country)

10. Usual occupation **RETIRED FARMER**

11. Industry or business

12. Name **OTTO HANEBRINK**
13. Birthplace **DONT KNOW**
(City, town, or county) (State or foreign country)
14. Maiden name **AMELIA GERLACH**
15. Birthplace **DONT KNOW**
(City, town, or county) (State or foreign country)

MOTHER FATHER

16. (a) Informant **Thurman Hanebrink**
(b) Address **Cape Gir. Mo R. 1.**

17. (a) **BURIAL** (b) Date thereof **MAY 5 - 1945**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **LORIMIER CEMETERY**

18. (a) Signature of funeral director **Mrs. Forberg**

(b) Address **cape girardeau mo**

19. (a) **5-4-45** (b) **[Signature]**
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **MAY** day **3**
year **1945** hour **8** minute **30** A.M.

21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____;
that I last saw h_____ alive on _____, 19____;
and that death occurred on the date and hour stated above.

Immediate cause of death **Myocarditis Ch.**

Due to _____
Due to _____

Other conditions (include pregnancy within 3 months of death)

Major findings: Of operations **930**
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? _____

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

23. Signature **[Signature]** (M. D. or other) **[Signature]**
Address **Cape Girardeau** Date signed **5/4/45**

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

16
00

RECEIVED

District Health Officer No. 4
District File Number 645-686
Date Filed 6-6-45

MAR 21 1951

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. Lorberg
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.