

FILED JAN 21 1946

State File No.

Registration District No. 156

Primary Registration District No. 2001

Registrar's No.

1. PLACE OF DEATH:

(a) County Jasper
(b) City or town Joplin
(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
In this community 69 years
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jasper
(c) City or town Joplin
(If outside city or town limits, write "RURAL")
(d) Street No. 2612 East 7th
(If rural, give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Flora T Henckel

3. (b) If veteran, name war
3. (c) Social Security No.

4. Sex f / 5. Color or race W 6. (a) Single, widowed, married, divorced, married

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

7. Birth date of deceased Nov. 11, 1867
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
78 1 13 hr. min.

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

10. Usual occupation Housewife

11. Industry or business

MOTHER FATHER

12. Name Peter Teis
13. Birthplace Germany
(City, town, or county) (State or foreign country)
14. Maiden name Rosie Barth
15. Birthplace Germany
(City, town, or county) (State or foreign country)

16. (a) Informant Herman Henckel
(b) Address 2612 East 7th, Joplin, Mo
17. (a) Burial (b) Date thereof 12-27-45
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Fairview Cemetery
18. (a) Signature of funeral director PARKER-HUNSAKER
(b) Address 1502 Joplin, Joplin, Mo
19. (a) 12-27-45 (b) [Signature]
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec day 24
year 1945 hour 9 minute P. M.

21. I hereby certify that I attended the deceased from June 1, 1945, 19 to Dec. 24, 1945, 19; that I last saw her alive on December 24, 1945, 19; and that death occurred on the date and hour stated above.

Immediate cause of death Apoplexy Duration 1 day

Due to Hypertension and generalized arteriosclerosis? ?

Due to Diabetes mellitus ?

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations None Of autopsy None
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) No
(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) M. D.
Address Joplin, Missouri Date signed 12/27/45

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

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FEB 1 1945

MISSOURI

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..... *F. M. Jones*

Licensed Embalmer No. *2319*

P. O. Address *Joplin 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.