

FILED FEB 14 1946

Registration District No. 363

Primary Registration District No. 6236

1. PLACE OF DEATH:

(a) County Warren
 (b) City or town Peers - Rural - Charrette Mo
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution: 1
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution.....
 In this community All of life
 years, months or days (Specify whether)

3. (a) PRINT FULL NAME Edward Henry Hennecke

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

4. Sex Male 5. Color or race white
 6. (a) Single, widowed, married, divorced Married
 6. (b) Name of husband or wife Elizabeth Hennecke
 6. (c) Age of husband or wife if alive 58 years
 7. Birth date of deceased October 13 1885
 (Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>60</u>	<u>2</u>	<u>21</u>	hr. min.

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

10. Usual occupation Farmer

11. Industry or business.....

MOTHER FATHER { 12. Name George H. Hennecke
 13. Birthplace Peers Osage Missouri
 (City, town, or county) (State or foreign country)
 14. Maiden name Elizabeth Sanders
 15. Birthplace Peers Missouri
 (City, town, or county) (State or foreign country)

16. (a) Informant Lester Hennecke
 (b) Address Peers Missouri
 17. (a) Burial (b) Date thereof Jan-7-1946
 (Burial, cremation, or removal) (Month) (Day) (Year)
 (c) Place: burial or cremation Concord Hill, Mo.

18. (a) Signature of funeral director Fred Whittenberg
 (b) Address Marthasville, Missouri
 19. (a) 1/4/46 (b) MC Jensen
 (Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Warren
 (c) City or town Rural - Charrette
 (If outside city or town limits, write "RURAL")
 (d) Street No. one mile east of Peers, Mo.
 (If rural, give location)
 (e) Citizen of foreign country? No (Yes or No)
 If yes, name country.....

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan day 3
 year 1946 hour 12 minute 30 P.M.

21. I hereby certify that I attended the deceased from Sept. 1944 to Jan 3 1946
 that I last saw him alive on Jan 3 1946
 and that death occurred on the date and hour stated above.

Immediate cause of death Acute myocardial infarct
 Due to Coronary artery disease
 Due to arterio sclerosis
 Other conditions.....
 (Include pregnancy within 3 months of death)

Duration
1 hour
2 years
5 years
 PHYSICIAN
 Underline the cause to which death should be charged statistically.

Major findings:
 Of operations.....
 Of autopsy 94a

22. If death was due to external causes, fill in the following:
 (c) 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?

(Specify type of place)
 While at work? (e) Means of injury.....
 23. Signature Herbert H. Schmidt (M. D. or other) MD
 Address Marthasville, Mo Date signed 1-6-46

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

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 Northeastville N.H.

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.