

**FILED** MAY 15 1946

Registration District No. 152

Primary Registration District No. 5476

Registrar's No. \_\_\_\_\_

**1. PLACE OF DEATH:**

(a) County Stunty  
(b) City or town Tindall (Chemical Corp)  
(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 \_\_\_\_\_ (Specify whether \_\_\_\_\_)  
In this community \_\_\_\_\_ years, months or days

**2. USUAL RESIDENCE OF DECEASED:**

(a) State MO (b) County Stunty  
(c) City or town Tindall  
(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 \_\_\_\_\_

3. (a) PRINT FULL NAME Nannie Moore Behnke

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

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife William J. Behnke 6. (c) Age of husband or wife if alive \_\_\_\_\_ years

7. Birth date of deceased July 14 1870  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
75 6 25 hr. \_\_\_\_\_ min.

9. Birthplace Stunty Co MO  
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business \_\_\_\_\_

MOTHER FATHER

12. Name Thomas Troman

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

14. Maiden name Sallie Walters

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

16. (a) Informant William Behnke

(b) Address Tindall MO

17. (a) Burial (b) Date thereof Feb-13-1946  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Martin Cem Stunty Calmo

18. (a) Signature of funeral director Spickard's funeral Home

(b) Address Spickard MO

19. (a) 2-13-46 (b) Irene Jain  
(Date received local registrar) (Registrar's signature)

**MEDICAL CERTIFICATION**

20. DATE OF DEATH: Month Feb day 9  
year 1946 hour 2 minute 00 P. M.

21. I hereby certify that I attended the deceased from Jan 27  
1946, to Feb 1, 1946

that I last saw him alive on Feb 1, 1946  
and that death occurred on the date and hour stated above.

Immediate cause of death Broncho Pneumonia Duration 2 wks.

Due to \_\_\_\_\_

Due to \_\_\_\_\_

Other conditions (Include pregnancy within 3 months of death) \_\_\_\_\_

Major findings:  
Of operations 107  
Of autopsy \_\_\_\_\_

**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 E.W. Ewing (M. D. or other) \_\_\_\_\_

Address Spickard MO Date signed 2/14/46

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

**DISTRICT HEALTH OFFICE**  
**Cameron, Mo.**

**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 Ross Wise

Licensed Embalmer No. 3771

P. O. Address Spickard 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.**