S. No. 2
M—2-43
. 5-17-39
X35697

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED NOV 6 1946

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 32948

Registration District No. 53 Primary Registration District No. 3010 Registrar's No. 359

1. PLACE OF DEATH:
(a) County Cape Girardeau
(b) City or town " "
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 900 Perry Ave.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution Neither (Specify whether years, months or days)
In this community approx. 30 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Cape Girard.
(c) City or town Cape Girardeau
(If outside city or town limits, write "RURAL")
(d) Street No. 900 Perry Ave
(If rural, give location)
(e) Citizen of foreign country? ~~No~~ Yes (Yes or No)
If yes, name country Germany

3. (a) PRINT FULL NAME Henry Christian Frederick Henne
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 Martha Henne
6. (c) Age of husband or wife if alive 72 years
7. Birth date of deceased Nov. 17, 1856 (Month) (Day) (Year)

8. AGE: Years 89 Months 11 Days 13 If less than one day hr. min.

9. Birthplace Partenhagen (City, town, or county) Germany (State or foreign country)
10. Usual occupation Retired farmer
11. Industry or business -------
FATHER
12. Name Don't know
13. Birthplace " " (City, town, or county) " (State or foreign country)
MOTHER
14. Maiden name
15. Birthplace " " (City, town, or county) (State or foreign country)
16. (a) Informant Mrs E. Henne
(b) Address 900 Perry Ave.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Nov. 1, '46 (Month) (Day) (Year)
(c) Place: burial or cremation Fairmount Cemetery
18. (a) Signature of funeral director M. L. Lorberg Jr.
(b) Address Cape Girardeau Mo.
19. (a) 11-1-1946 (Date received local registrar) (b) C. C. Simmons (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct. day 30 year 1946 hour 12 minute 50 P.M.

21. I hereby certify that I attended the deceased from Oct. 4th, 1946 to Oct. 30th, 1946 that I last saw him alive on Oct. 25th, 1946 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Senility	
Due to Age	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations	
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? (Specify type of place)
While at work? (e) Means of injury

23. Signature O. K. Schuck (M. D. or other)
Address Cape Girardeau, Mo. Date signed 10/31/46

44 (Licensed Embalmer's Statement on Reverse Side)

RECEIVED

District Health Officer No. 4

District File Number 1146-2822

Date Filed 11-4-46

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.