

Registration District No. 288

Primary Registration District No. 4390

Registrar's No. _____

1. PLACE OF DEATH:
(a) County Oregon
(b) City or town Meta
(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 77 years (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Oregon
(c) City or town Meta
(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 Peter Jacob Henry
3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month Nov day 22 year 1946 hour 3 minute 00 M.
21. I hereby certify that I attended the deceased from Nov 10, 1946 to Nov 22, 1946 that I last saw him alive on Nov 22, 1946 and that death occurred on the date and hour stated above.

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Single
6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years _____ months _____ days

Immediate cause of death Coronary thrombosis
Due to Arteriosclerosis
Angina Pectoris

7. Birth date of deceased December 28 1868
(Month) (Day) (Year)

Due to _____
Due to _____

8. AGE: Years 77 Months 10 Days 25 If less than one day hr. _____ min. _____

Other conditions (Include pregnancy within 3 months of death) _____

9. Birthplace Westphalia Mo. (City, town, or county) (State or foreign country)

Major findings: Of operations _____

10. Usual occupation Retired Farmer

Of autopsy 44A

11. Industry or business _____

PHYSICIAN _____ Underline the cause to which death should be charged statistically.

12. Name Theodore Herz 4

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

14. Maiden name Katharina Leck 4

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

16. (a) Informant Chas Herz (b) Address Meta

17. (a) Burial (b) Date thereof Jan 25 1946 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation St. Cecilia Cemetery

18. (a) Signature of funeral director H. J. Strop (b) Address Meta Mo

19. (a) 11/23/46 (b) Rose Roman (Date received local registrar) (Registrar's signature)

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 injury) (e) Means of injury _____
23. Signature Henry G. Seeborg (M. D. or other) _____
Address Meta Mo Date signed 11/27/46

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

76

36668

RECEIVED
District Health Officer No. 9,
District File Number 12-5-46
Date Filed 12-5-46

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 H H Strop
Licensed Embalmer No. 2924
P. O. Address Meta 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.