

Registration District No. 316

Primary Registration District No. 6075

Registrar's No. 367

1. PLACE OF DEATH:

(a) County St. Francois
(b) City or town Farmington St. Francois RURAL
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
Missouri State Hospital No. 4 2
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 7 yrs. 3 mos. 7 das.
(Specify whether
In this community _____
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Cape Girardeau
(c) City or town White Water
(If outside city or town limits, write "RURAL.")
(d) Street No. Unknown
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME MARGARET CORINNE HUENECKE

3. (b) If veteran, name war No 3. (c) Social Security No. None

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Louis Huenecke 6. (c) Age of husband or wife if alive Age Unk. years
7. Birth date of deceased June 5, 1912
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
34 5 4 _____ hr. _____ min.

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

10. Usual occupation Housewife

11. Industry or business _____

12. Name Charles Whittaker

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

14. Maiden name May Fullbright

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

16. (a) Informant Records State Hospital No. 4

(b) Address Farmington, Missouri

17. (a) Burial (b) Date thereof 11-11-46
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Union Park Cem. Chaffee, Hamans' Funeral Service

18. (a) Signature of funeral director _____

(b) Address 107 South Sprigg St., Cape Girardeau

19. (a) 11-25-46 (b) Ether Redloff
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month November day 9
year 1946 hour 6 minute 30 A. M.

21. I hereby certify that I attended the deceased from November 2, 1946 to November 9, 1946; that I last saw her alive on November 9, 1946; and that death occurred on the date and hour stated above.

Immediate cause of death Lobar Pneumonia Duration 7 days

Due to _____
Due to _____

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

Major findings: Of operations no

Of autopsy no

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? no

(e) While at work? _____ (Specify type of place)

(f) Means of injury _____

23. Signature J. H. Brennan, M.D. (M. D. or other) 11/10/46

Address St. Hwy #4 Farmington Date signed _____

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

MOTHER FATHER

289

RECEIVED

District Health Officer No. 4
District File Number 1246-292
Date Filed 12-2-46

DEC 5 1946

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. Forberg

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.