S. No. 2
M—8-43
r. 5-17-39
X37823

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JAN 14 1947

Registration District No. 163

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 3031

State File No. 41074

Registrar's No. 63

1. PLACE OF DEATH:

(a) County Jefferson

(b) City or town De Soto (If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: 303 E. Kelley, st. (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution ✓ (Specify whether

In this community 50 years years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jefferson 50

(c) City or town De Soto. (If outside city or town limits, write "RURAL")

(d) Street No. 303 E. Kelley. (If rural, give location)

(e) Citizen of foreign country? No (Yes or No)

If yes, name country ✓

3. (a) PRINT FULL NAME Margareta Huehnlein

3. (b) If veteran, name war ✓

3. (c) Social Security No. ✓

4. Sex F

5. Color or race W

6. (a) Single, widowed, married, divorced 1

6. (b) Name of husband or wife John Huehnlein

6. (c) Age of husband or wife if alive 83 years

7. Birth date of deceased May (Month) 29 (Day) 1866 (Year)

8. AGE: Years 80 Months 6 Days 21 If less than one day hr. min.

9. Birthplace Not Known (City, town, or county) 4 Germany. (~~State or~~ foreign country)

10. Usual occupation At home

11. Industry or business ✓

FATHER
12. Name John Hanft
13. Birthplace Not Kown (City, town, or county) 4 Germany (~~State or~~ foreign country)

MOTHER
14. Maiden name Not Known
15. Birthplace Not Known (City, town, or county) 4 Germany (~~State or~~ foreign country)

16. (a) Informant Fred Huehnlein.

(b) Address St. Louis, Mo

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 12-23-46 (Month) (Day) (Year)

(c) Place: burial ~~or cremation~~ De Soto, Mo.

18. (a) Signature of funeral director J. Lee Mothershead

(b) Address De Soto, Mo

19. (a) 1-8-47 (Date received local registrar) (b) Marie Farris (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 12 day 20 year 1946 hour minute M.

21. I hereby certify that I attended the deceased from Dec 15, 1946 to Dec 20, 1946 that I last saw her alive on Dec 20, 1946 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death coronary thrombosis (myocarditis)	5 days
Due to arteriosclerosis	yrs
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations 93E	
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 J. P. Sugels (M. D. or other) D.O.

Address De Soto, Mo Date signed 12/22/46

1 T p

(Licensed Embalmer's Statement on Reverse Side)

JAN 28 1947

RECEIVED
District Health Officer No. 9,
District File Number
Date Filed 1-13-47

FEB 27 1956

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 Lee Mockenshead

Licensed Embalmer No. 3531

P. O. Address DeSoto 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.