No. 2
-2-43
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X35897

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED JAN 7 1947

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 41475

Registration District No. 245 Primary Registration District No. 3047 Registrar's No. 98

1. PLACE OF DEATH:
(a) County NEWTON
(b) City or town NEOSHO
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 730 E. McKINNEY
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution ..... (Specify whether years, months or days)
In this community .....

2. USUAL RESIDENCE OF DECEASED:
(a) State MISSOURI (b) County NEWTON 73
(c) City or town NEOSHO ?
(If outside city or town limits, write "RURAL")
(d) Street No. 730 E. McKINNEY 2
(If rural, give location)
(e) Citizen of foreign country? ..... (Yes or No) 51
If yes, name country .....

3. (a) PRINT FULL NAME EDWARD T. HENNICK
3. (b) If veteran, name war NONE
3. (c) Social Security No. NONE
4. Sex MALE
5. Color or race WHITE
6. (a) Single, widowed, married, divorced MARRIED
6. (b) Name of husband or wife LILLIE HENNICK
6. (c) Age of husband or wife if alive 68 years
7. Birth date of deceased APRIL (Month) 20 (Day) 1876 (Year)
8. AGE: Years 70 Months 8 Days 3 If less than one day ..... hr. ..... min.
9. Birthplace ..... (City, town, or county) IOWA (State or foreign country)
10. Usual occupation FILLING STATION OPERATOR
11. Industry or business .....
MOTHER FATHER
12. Name JOHN HENNICK
13. Birthplace LA PORTE (City, town, or county) INDIANA (State or foreign country)
14. Maiden name MARGRET OLINGER
15. Birthplace IOWA (City, town, or county) (State or foreign country)
16. (a) Informant Herbert Hennick
(b) Address Neosho Mo.
17. (a) Removal (Burial, cremation, or removal) (b) Date thereof 12-31-1946 (Month) (Day) (Year)
(c) Place: burial or cremation Nevada Iowa
18. (a) Signature of funeral director Carley Thompson
(b) Address Neosho Mo
19. (a) Dec 24, 1946 (Date received local registrar) (b) Melvin C. Bonneman (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month DEC. day 23 year 1946 hour 9:15 minute P. M.
21. I hereby certify that I attended the deceased from Dec 10, 1946, to Dec 23, 1946, that I last saw him alive on Dec 23, 1946, and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Pneumonia	3 days
Due to Cerebral Hemorrhage & Hypertension	4 yrs
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations None	
Of autopsy None	

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 Harold C. Kurtz
Address 113 W. Hickory, Ne

(Licensed Embalmer's Statement on Reverse Side)

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.

RECEIVED

District Health Officer No. Newton

District File Number 1246-186

Date Filed 12-24-46

Signed Corley Thompson

Licensed Embalmer No. 3259

P. O. Address Neosho Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply wit the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.