

FILED SEP 15 1947

Registration District No. 38

Primary Registration District No. 4-8-3 4087

Registrar's No. 23

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

1. PLACE OF DEATH:

(a) County Carter

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

(c) Name of hospital or institution:
own home 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 19 years
years, months or days)

3. (a) PRINT FULL NAME John H Schenkes

3. (b) If veteran, name war no

3. (c) Social Security No. _____

4. Sex m 5. Color or race w 6. (a) Single, widowed, married, divorced married

(b) Name of husband or wife Bertie Schenkes 6. (c) Age of husband or wife if alive 65 years

7. Birth date of deceased may 27 1874
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day

77 2 20 hr. min.

9. Birthplace mo. 0
(City, town, or county) (State or foreign country)

10. Usual occupation Saw operator

11. Industry or business handle mill

12. Name William H Schenkes

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

14. Maiden name Caroline Headrick

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

16. (a) Informant Bertie Schenkes

(b) Address Van Buren

17. (a) Burial (b) Date thereof 8-19-47
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Harmon Cemetery

18. (a) Signature of funeral director Seaton Dewitt

(b) Address Van Buren mo

19. (a) Aug. 23-47 (Mrs Octa Henson) (Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State mo (b) County Carter

(c) City or town Van Buren
(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 _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug day 17
year 1947 hour 7 minute 10 P.M.

21. I hereby certify that I attended the deceased from 7-2-47
to Aug. 17, 1947 to _____, 1947

that I last saw him alive on 8-15-, 1947
and that death occurred on the date and hour stated above.

Immediate cause of death General Arterio sclerosis, with Hypertension & Mi-
Baritis

Due to _____

Due to _____

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations 158

Of autopsy _____

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 place) (e) Means of injury 0

23. Signature J. H. Callow (M. D. or other) _____
Address Van Buren Date signed 8-19-47

Duration _____

PHYSICIAN _____

Underline the cause to which death should be charged statistically.

RECEIVED

District Health Officer No. 5,
District No. 947497
Date Filed 9-12-97

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.....

Charles S. Pewitt....., Registered Apprentice No. 11
working under my personal supervision.

Signed Seaton Pewitt.....

Licensed Embalmer No. 2287

P. O. Address. Van Buren 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.