

FILED SEP 10 1947

Registration District No. 274

Primary Registration District No. 3052

Registrar's No. 277

1. PLACE OF DEATH:
 (a) County Pettis
 (b) City or town Sedalia
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution: Bothwell 0
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution 9 Days (Specify whether years, months or days)
 In this community 9 Days

2. USUAL RESIDENCE OF DECEASED:
 Missouri Benton 8
 (a) State (b) County
 (c) City or town Cole Camp 0
 (If outside city or town limits, write "RURAL")
 (d) Street No. (If rural, give location)
 (e) Citizen of foreign country? No (Yes or No)
 If yes, name country

3. (a) PRINT NAME Hannah Louisa Kreenke

MEDICAL CERTIFICATION
 20. DATE OF DEATH: Month August day 9
 year 1947 hour 7 minute 00 P. M.

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

21. I hereby certify that I attended the deceased from 8-4 1947 to 8-10 1947
 that I last saw her alive on 8-10 1947
 and that death occurred on the date and hour stated above.

4. Sex Female 5. Color or race White
 6. (a) Single, widowed, married, divorced Married

Immediate cause of death Surgical shock Duration

6. (b) Name of husband or wife Theodore Kreenke
 6. (c) Age of husband or wife if alive 52 years

Due to Evisceration of 13 day old incision

7. Birth date of deceased March 11th 1894
 (Month) (Day) (Year)

Due to 56 B

8. AGE: 53 Years 5 Months 28 Days
 If less than one day hr. min.

Other conditions (Include pregnancy within 3 months of death)

9. Birthplace Benton County Missouri 6
 (City, town, or county) (State or foreign country)

Major findings: Removed fibroid uterus (on 8-7-47)

10. Usual occupation At Home

Of operations Removed fibroid uterus (on 8-7-47)

11. Industry or business

Of autopsy

12. Name Wm Balke

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) (e) Means of injury

13. Birthplace Benton County Missouri 0
 (City, town, or county) (State or foreign country)

14. Maiden name Minnie Burke

15. Birthplace Hamburg Germany 4
 (City, town, or county) (State or foreign country)

16. (a) Informant Theodore Kreenke

(b) Address Cole Camp Mo

17. (a) Burial (b) Date thereof Aug 12-1947
 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Cole Camp Memorial

18. (a) Signature of funeral director E L Dickhoff

(b) Address Cole Camp Mo

19. (a) 8/12/47 (b) Betty Yeager
 (Date received local registrar) (Registrar's signature)

23. Signature J W Boger (M. D. or other) MD
 Address Sedalia Mo Date signed 8-11-47

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

0
6
4

MOTHER FATHER

RECEIVED

District Health Officer No. 8,

District File Number _____

Date Filed 9-9-17

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 E. L. Eickhoff

Licensed Embalmer No. 730

P. O. Address Cole Camp Co

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.