

No. 2
-1/47
-17-39

9649

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No.

FILED APR 12 1948
Registration District No. 293

Primary Registration District No. 3051

Registrar's No. 19

1. PLACE OF DEATH:

(a) County Perry

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

(c) Name of hospital or institution 256 Cedar St. 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.....
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Perry 79

(c) City or town Perryville
(If outside city or town limits, write "RURAL")

(d) Street No. 256 Cedar St. 1
(If rural, give location)

(e) Citizen of foreign country? No. (Yes or No) 0

If yes, name country.....

3. (a) PRINT FULL NAME Joseph Henry Hennemann

3. (b) If veteran, name war.....

3. (c) Social Security No. None

4. Sex Male 5. Color or race White

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

6. (b) Name of husband or wife Barbara King

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

7. Birth date of deceased June 11, 1866
(Month) (Day) (Year)

8. AGE:

| Years | Months | Days | If less than one day |
|-----------|----------|-----------|----------------------|
| <u>81</u> | <u>8</u> | <u>29</u> | hr. min. |

9. Birthplace Perry County, Mo.
(City, town, or county) (State or foreign country)

10. Usual occupation Retired Farmer

11. Industry or business.....

12. Name Henry Hennemann

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

14. Maiden name Theresa Metzger

15. Birthplace Perry County, Mo.
(City, town, or county) (State or foreign country)

16. (a) Informant August Hennemann

(b) Address Perryville, Mo.

17. (a) Burial (Burial, cremation, or other) (b) Date thereof 3-13-1948
(Month) (Day) (Year)

(c) Place: burial or cremation Apple Creek Cemetery

18. (a) Signature of funeral director Funeral Home

(b) Address Perryville, Mo.

19. (a) 3-10-48 (Date received local registrar) (b) J. J. Zellan (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 10th
year 1948 hour 1:15 minute A.M.

21. I hereby certify that I attended the deceased from Sept
..... 1945, to March 9, 1948;
that I last saw him alive on Mar 9, 1948;
and that death occurred on the date and hour stated above.

Inmediate cause of death Bronchopneumonia (Secondary) 30 hrs
4 days
5 yrs?

Due to uremia

Due to Hypertrophy of Prostate

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

Major findings:
Of operations.....
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?.....
(Specify type of place)

While at work?..... (e) Means of injury 2

23. Signature E. J. Gahan (M. D. or other D.O.)
Address Perryville, Mo. Date signed Mar 10, 48

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

MOTHER FATHER

RECEIVED

Health Officer No. 4

Number 448-46

4-10-48

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.....

Albert Bey
.....

Licensed Embalmer No. 3886

P. O. Address. *Permyville, 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.