

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

1. PLACE OF DEATH:
(a) County Crawford
(b) City or town R. R. # 1, Cuba, Missouri
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
8.2 Miles North of Cuba, Mo.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____
(Specify whether
In this community Life after 9 Years of Age
years, months or days)

3. (a) PRINT FULL NAME Katie Enke
3. (b) If veteran, name war No
3. (c) Social Security No. None

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Widowed
6. (b) Name of husband or wife Julius 6. (c) Age of husband or wife if alive Deceased years
7. Birth date of deceased Feb. 8 1863
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>85</u>	<u>6</u>	<u>4</u>	hr. _____ min.

9. Birthplace Oldenburg Germany #
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business Home

12. Name Johann Hentemann
13. Birthplace Germany #
(City, town, or county) (State or foreign country)
14. Maiden name Meta Neels
15. Birthplace Germany #
(City, town, or county) (State or foreign country)

16. (a) Informant Henry Enke
(b) Address R. R. # 1, Cuba, Mo.

17. (a) Burial (b) Date thereof 9 4 1948
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Vogler Cemetery

18. (a) Signature of funeral director Shanklin Fun'l Home
(b) Address Cuba, Mo.

19. (a) 9/2/48 (b) [Signature]
(Date received local registrar's certificate) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Crawford 28
(c) City or town R. R. # 1, Cuba, Mo. 0
(If outside city or town limits, write "RURAL")
(d) Street No. 8.2 Miles North of Cuba, Mo. 0
(If rural, give location)
(e) Citizen of foreign country? / (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept. day 2
year 1948 hour 6 minute 20 A.M.

21. I hereby certify that I attended the deceased from Oct 24 1948 to Sept 2 1948
that I last saw her alive on Oct 24 1948
and that death occurred on the date and hour stated above.

Immediate cause of death _____
Uremia
Due to Nephritis

Due to Decompensated cardiac (arteriosclerotic)

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

Major findings:
Of operations _____
Of autopsy 938

22. If death was due to external causes, fill in the following:

(c) 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 [Signature] (M. D. or other) MD
Address Cuba, Mo. Date signed 9-3-48

Duration
2 weeks
months
years
PHYSICIAN
Underline the cause to which death should be charged statistically.

RECEIVED 9-7-48
District Health Officer No. 5,
District File Number 94855-3
Date Filed 8-8-48

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

working under my personal supervision.

Registered Apprentice No.

Signed

Licensed Embalmer No.

P. O. Address

3472
Cuba, 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.