

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED OCT 3 1948

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

30606

State File No. _____

Registration District No. 274

Primary Registration District No. 3052

Registrar's No. 281

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: Bathwell Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 6 hours
(Specify whether
In this community Life
years, months or days)

3. (a) PRINT FULL NAME HELEN LOUISE WERENKE

3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex FEMALE 5. Color or race white 6. (a) Single, widowed, married, divorced Single
6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased FEBRUARY 15, 1932
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
16 7 10 hr. min.

9. Birthplace Knob Noster Mo.
(City, town, or county) (State or foreign country)

10. Usual occupation _____

11. Industry or business _____

12. Name WALTER O. WERENKE
13. Birthplace Pettis County Mo.
(City, town, or county) (State or foreign country)
14. Maiden name LOUISE DEILL
15. Birthplace Knob Noster Mo.
(City, town, or county) (State or foreign country)

16. (a) Informant WALTER O. WERENKE
(b) Address Knob Noster, Mo.

17. (a) BURIAL (b) Date thereof Sept. 27 '48
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Knob Noster Cemetery

18. (a) Signature of funeral director W. Raymond Barber

(b) Address Knob Noster, Mo.

19. (a) 9-27-48 (b) Betty Yeager
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Johnson
(c) City or town: Knob Noster "Rural"
(If outside city or town limits, write "RURAL")
(d) Street No. _____ (If rural, give location) 1
(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept day 22
year 1948 hour 3 minute 20 A.M.

21. I hereby certify that I attended the deceased from Sept 1
1948 to Sept 22 1948
that I last saw her alive on Sept 22 1948
and that death occurred on the date and hour stated above.

Immediate cause of death 1) Acute nephritis
Due to _____
Due to _____

Other conditions Alleging
(Include pregnancy within 3 months of death)
Major findings: 132
Of operations _____
Of autopsy _____

Duration

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) 1
(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 Dr. J. N. ... (M. D. or other) M.D.
Address Knob Noster, Mo. Date signed Sept 27

RECEIVED

District Health Officer No. 8,

District File Number

Date Filed 10-2-48

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

W. Raymond Baker, Registered Apprentice No. 25
working under my personal supervision.

Signed C. L. Saulb

Licensed Embalmer No. 1086

P. O. Address Knob Noster M

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.