

FILED JAN 3 1950

STANDARD CERTIFICATE OF DEATH

State File No.

41735

BIRTH NO.		REG. DIST. NO. 209		PRIMARY REG. DIST. NO. 3043		Registrar's No. 444	
1. PLACE OF DEATH a. COUNTY <u>MARION</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>MARION</u>			
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <u>Hannibal</u>		c. LENGTH OF STAY (In this place)		c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <u>Hannibal</u>		31	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>St. Elizabeth's Hospital</u>				d. STREET ADDRESS (If rural, give location) <u>1245 Church St</u>			
3. NAME OF DECEASED (Type or Print) <u>FRANK</u>		a. (First)		b. (Middle) <u>HENRIE</u>		c. (Last)	
5. SEX <u>Male</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>WIDOWER</u>		8. DATE OF BIRTH <u>Nov 12</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Labor</u>		10b. KIND OF BUSINESS OR INDUSTRY		9. AGE (In years last birthday) <u>72</u>		11. BIRTHPLACE (State or foreign country) <u>Germany</u>	
13a. FATHER'S NAME <u>John Hennick</u>		13b. MOTHER'S MAIDEN NAME <u>PEARSE SPANGLER</u>		14. NAME OF HUSBAND OR WIFE		12. CITIZEN OF WHAT COUNTRY?	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)		16. SOCIAL SECURITY NO.		17. INFORMANT'S SIGNATURE OR NAME <u>Mrs. Eldon Ross</u>		18. ADDRESS <u>Madison Mo.</u>	
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.				MEDICAL CERTIFICATION			
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Uremia</u>				INTERVAL BETWEEN ONSET AND DEATH			
ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>chronic nephritis</u> DUE TO (c) <u>enlarged prostate</u>				1. 10X			
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Cystitis</u>							
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY?		YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from <u>Dec 18, 1949</u> to <u>Dec 19, 1949</u> , that I last saw the deceased alive on <u>Dec 19, 1949</u> , and that death occurred at <u>2:45 P.M.</u> , from the causes and on the date stated above.							
23a. SIGNATURE <u>James O'Donnell</u> (Degree or title)				23b. ADDRESS <u>Hannibal Mo</u>		23c. DATE SIGNED <u>Dec 20-49</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>12-21-49</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Calkary</u>		24d. LOCATION (City, town, or county) (State) <u>Quincy Ill</u>	
DATE REC'D BY LOCAL REG. <u>12-20-49</u>		REGISTRAR'S SIGNATURE <u>Dr. E. M. Lucke</u>		FUNERAL DIRECTOR'S SIGNATURE <u>James O'Donnell</u>		ADDRESS <u>Hannibal</u>	

(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED DEC 29 1949
MARION CO. HEALTH DEPT.
DATE FILED DEC 31 1949

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 _____

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed _____

M. J. O'Donnell

Licensed Embalmer No. 3246

P. O. Address Hamilton

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.