

No. 300
10-48

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **43015**

FILED JAN 9 1953

BIRTH NO. _____ REG. DIST. NO. **273** PRIMARY REG. DIST. NO. **5915** Registrar's No. **108**

790
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH a. COUNTY Perry		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Perry	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Rural Central	c. LENGTH OF STAY (in this place) Life	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Rural Union 0790	
d. FULL NAME OF HOSPITAL OR INSTITUTION		d. STREET ADDRESS (If rural, give location) 0	

3. NAME OF DECEASED (Type or Print)	a. (First) William	b. (Middle)	c. (Last) Hennemann	4. DATE OF DEATH (Month) (Day) (Year) Dec. 31 1952
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5. SEX Male 0	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Single	8. DATE OF BIRTH March 7 1912	9. AGE (In years last birthday) 40	10 UNDER 1 YEAR 0	10 UNDER 1 HR. 0	10 UNDER 1 MIN. 0
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Laborer Rock Quarry	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) Perry Co Mo. 0	12. CITIZEN OF WHAT COUNTRY? U.S.A.
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13a. FATHER'S NAME William Hennemann	13b. MOTHER'S MAIDEN NAME Agnes Bohnert	14. NAME OF HUSBAND OR WIFE
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No	16. SOCIAL SECURITY NO. 498-34-0980	17. INFORMANT'S SIGNATURE OR NAME Joseph Ponder Biehle	ADDRESS R 1 Mo.
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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, ashenia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Fractured neck		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) " Skull		
DUE TO (c) Car overturning 3		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Turn after hitting Truck of Perry Co. Mo. 88161 26	

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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21a. ACCIDENT SUICIDE HOMICIDE (Specify) Accident	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) Highway 425	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) PERRYVILLE 01 PERRY MO 1770
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) Dec-31-1952 12:15 P.M.	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	21f. HOW DID INJURY OCCUR? Overturned car after hitting TRUCK
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22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at **12:45 P.M.**, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) Chas. J. Zoellner Registrar of Perry County Mo.	23b. ADDRESS Perryville Mo.	23c. DATE SIGNED 1-2-53
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE Jan. 3 1953	24c. NAME OF CEMETERY OR CREMATORY Apple Creek Cemetery	24d. LOCATION (City, town, or county) (State) Apple Creek Mo.
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DATE REC'D BY LOCAL REG. Jan 2 53	REGISTRAR'S SIGNATURE Chas. J. Zoellner 250	25. FUNERAL DIRECTOR'S SIGNATURE Young & Sons Perryville Mo	ADDRESS
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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 Wallace Young

Licensed Embalmer No. 4027

P. O. Address Perryville 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.