

FILED MAY 13 1942

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

14436

Do not use this space.

1. PLACE OF DEATH

(a) County Henry Registration District No. 3-47352
 (b) Township Dequater Primary Registration District No. 4209 Registered No. 1-3
 (c) City Montrose (d) Street No. 1 St.
 (If death occurred in Hospital or Institution, write its name instead of street and number)
 (e) Length of residence in city or town where death occurred 30 yrs. mos. da. (f) How long in U. S., if of foreign birth? yrs. mos. da.

2. PRINT FULL NAME

Henry Hake
 (a) Residence, No. Montrose St. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX M 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widowed
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Mary Hake
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Nov 12 - 1857
 7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
84 4 26
 OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Housewife
 9. Industry or business in which work was done, as saw mill, bank, etc.
 10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation Life
 12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Montrose Mo
 FATHER 13. NAME Anton Hake
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany
 MOTHER 15. MAIDEN NAME Mary Schultz
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany
 17. INFORMANT (ADDRESS) John Hake
Montrose Mo
 18. BURIAL, CREMATION, OR REMOVAL PLACE Montrose cemetery 4-10-1942
 19. FUNERAL DIRECTOR (NAME) (ADDRESS) Frank Wilkinson
Clinton Mo
 20. FILED April 9, 1942 Georgia Kitchem Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Apr - 8, 1942
 22. I HEREBY CERTIFY, That I attended deceased from Aug 24, 1937, to Apr. 7, 1942
 I last saw him alive on Apr. 3, 1942 Death is said to have occurred on the date stated above, at 7:45 A.M.
 The principal cause of death and related causes of importance were as follows:
arterio-sclerosis
 Date of onset
 Other contributory causes of importance: 97
 Name of operation Date of
 What test confirmed diagnosis? Was there an autopsy?
 23. If death was due to external causes (violence), fill in also the following:
 Accident, suicide, or homicide? Date of injury
 Where did injury occur? (Specify city or town, county, and State)
 Specify whether injury occurred in industry, in home, or in public place.
 Manner of injury
 Nature of injury
 24. Was disease or injury in any way related to occupation of deceased? no
 If so, specify
 (Signed) W. E. Baggerly, M. D.
 (Address) Montrose Mo

1069 (Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

FORM I X-16805

JUN 5 1942

RECEIVED

District Health Officer No. 7,

District File Number 5-42-463

Date Filed 5-6-42

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

Fred Wilkinson

Licensed Embalmer No.

2478

P. O. Address

Chelton 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, above space should be left blank.