

LED JUL 9 1943

Registration District No. 137

Primary Registration District No. 3023

1. PLACE OF DEATH: **HENRY CLINTON**

(a) County **HENRY CLINTON**

(b) City or town **HENRY CLINTON**

(c) Name of hospital or institution: **Community Clinic**  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution **4 DA**  
(Specify whether)

In this community **Life**  
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State **MO** (b) County **HENRY** <sup>42</sup>

(c) City or town **Montrose - P. H. Rd 19**  
(If outside city or town limits, write "RURAL")

(d) Street No. **Deppwater 19 Twp.**  
(If rural, give location)

(e) Citizen of foreign country? **0** (Yes or No)

If yes, name country .....

MEDICAL CERTIFICATION

3. (a) PRINT FULL NAME **Mary Anna Hake**

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

20. DATE OF DEATH: Month **6** day **28**  
year **1943** hour **4** minute **30 A.M.**

4. Sex **Female** 5. Color or race **W** 6. (a) Single, widowed, married, divorced **Widowed**

6. (b) Name of husband or wife **Hinton** 6. (c) Age of husband or wife if alive **40** years

7. Birth date of deceased **5-7-1870**  
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from **June** 1940 to **6-28** 1943  
that I last saw h... S.R. alive on **6-28** 1943  
and that death occurred on the date and hour stated above.

Immediate cause of death **Carcinoma of Stomach** **3 years**

8. AGE: Years **73** Months **1** Days **23** If less than one day **hr. min.**

Due to **H68**

Due to .....

9. Birthplace **Montrose Mo**  
(City, town, or county) (State or foreign country)

10. Usual occupation **Housewife**

Other conditions (Include pregnancy within 3 months of death)

11. Industry or business

12. Name **Henry Kalwie**

13. Birthplace **Germany**  
(City, town, or county) (State or foreign country)

14. Maiden name **Kathryn Krinkoff**

15. Birthplace **Germany**  
(City, town, or county) (State or foreign country)

Major findings: **Carcinoma of Stomach - Gastro-intest.**

Of operations .....

Of autopsy .....

PHYSICIAN

Underline the cause to which death should be charged statistically.

16. (a) Informant **M Hake**

(b) Address **Montrose Mo**

17. (a) **Burial** (b) Date thereof **6-30-43**  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Bermenton**

18. (a) Signature of funeral director **Fred Wehman**

(b) Address **Clinton, Mo**

19. (a) **June 29 1943** **Georgia Richey**  
(Date received local registrar) (Registrar's signature)

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

(a) 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? .....

While at work? (Specify type of place) (e) Means of injury .....

23. Signature **Eugene D. Neill** (M. D. or other) **M.D.**

Address **Clinton, Mo** Date signed **6-29-43**

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

RECEIVED  
District Health Officer No. 7,  
District File Number 6-43-645  
Date Filed 7-8-43

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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.....  
....., Registered Apprentice No.....  
working under my personal supervision.

Signed Fred Wickman  
Licensed Embalmer No. 2478  
P. O. Address Clinton, 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.**