S. No. 2
M—5-42
v. 5-17-39
I X32873

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED SEP 22 1944

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 30911

Registration District No. 128 Primary Registration District No. 2000 Registrar's No. 740

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

1. PLACE OF DEATH:
(a) County Greene
(b) City or town Springfield, (If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 820 E. Grand (If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution None (Specify whether In this community 30 years years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Greene
(c) City or town Springfield, (If outside city or town limits, write "RURAL")
(d) Street No. 820 E. Grand (If rural, give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3. (a) PRINT FULL NAME Louise Hennicke
3. (b) If veteran, name war None
3. (c) Social Security No. None

4. Sex Female
5. Color or race White
6. (a) Single, widowed, married, divorced Widowed
6. (b) Name of husband or wife William L. Hennicke
6. (c) Age of husband or wife if alive Deceased yrs
7. Birth date of deceased January (Month) 31, (Day) 1858 (Year)

8. AGE: Years 86 Months 7 Days 12 If less than one day hr. min.

9. Birthplace Boonville, (City, town, or county) Missouri (State or foreign country)
10. Usual occupation In Home
11. Industry or business

MOTHER FATHER
12. Name John Mittameier
13. Birthplace Unknown (City, town, or county) Germany (State or foreign country)
MOTHER
14. Maiden name Mary Schreiber
15. Birthplace Unknown (City, town, or county) France (State or foreign country)

16. (a) Informant Miss Dora Hennicke
(b) Address Springfield, Missouri
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Sept. 15, 1944 (Month) (Day) (Year)
(c) Place: burial or cremation Boonville, Missouri
18. (a) Signature of funeral director Alma Lohmeyer Funeral Home
(b) Address Springfield, Missouri
19. (a) 9-15-44 (Date received local registrar) (b) [signature] (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month September day 13, year 1944 hour 2:00 minute P.M.
21. I hereby certify that I attended the deceased from 12-7, 1943, to 9-13-44, 19...; that I last saw h... alive on 9-13-44, 19...; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Carcinoma of Pancreas	9 mo.
Due to: Degeneration Heart Disease	2 yrs.
Due to:	
Other conditions (Include pregnancy within 3 months of death):	
Major findings: Of operations:	
Of autopsy:	

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

23. Signature [signature] (M. D. or other)
Address Springfield, Mo. Date signed 9-14-44

944 (Licensed Embalmer's Statement on Reverse Side)

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 Lewis G. Schaaf

Licensed Embalmer No. 3804

P. O. Address Springfield 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.