REC'D DEC 16 1938

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

39591
Do not use this space.

1. PLACE OF DEATH
(a) County LACLEDE
(b) Township
(c) City LEBANON
Registration District No. 449
Primary Registration District No. 4267
Registered No.
(d) Street No. WALLACE HOSPITAL 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 yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

53
21

2. PRINT FULL NAME 520 John MILLER TENEYCK
(a) Residence, No. RT. 7. LEBANON MO St.
(Usual place of abode, if no street address, write county or city) (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): SINGLE

5A. IF MARRIED, WIDOWED, OR DIVORCED
HUSBAND OF
(OR) WIFE OF

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) JUNE 16 1929

7. AGE Years	Months	Days	If LESS than 1 day, ...hrs. or ...min.
9	5	4	

OCCUPATION
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.
9. Industry or business in which work was done, as saw mill, bank, etc. farm
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) ST LOUIS MO. U

FATHER
13. NAME W.C. TEN EYCK. SR.
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) IRVINGTON ILL

MOTHER
15. MAIDEN NAME EDITH KIENER
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) ST LOUIS MO U

17. INFORMANT (ADDRESS) W.C. TEN EYCK. SR. RT. 7. LEBANON MO

18. BURIAL, CREMATION, OR REMOVAL
PLACE LEBANON MO DATE NOV 22 1938

19. FUNERAL DIRECTOR (ADDRESS) PALMERS LEBANON MO

20. FILED 11-21-1938 J A McCoub Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) NOV. 20, 1938

22. I HEREBY CERTIFY, That I attended deceased from Nov 12, 1938, to Nov 20, 1938
I last saw h. in alive on Nov 20, 1938 Death is said to have occurred on the date stated above, at 7 A.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Streptococcic Pharyngitis + Septicemia	11-12
Peritonsillar abscess	11-15
Other contributory causes of importance:	
abscess upper lip	11-18
Multiple Hemorrhage, Stomach, Throat, Bladder & Bowels	11-18

Name of operation Date of
What test confirmed diagnosis? Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? Date of injury, 19
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) Paul A. Jenkins, M. D.
(Address) Lebanon, Mo

(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.

1 X12004

RECEIVED
District Health Officer No. 7,
District File Number 2-38-568
Date Filed 12-12-38

STATEMENT BY LICENSED EMBALMER

I, R A Palmer, Licensed Embalmer No. 1161

hereby certify that the body recorded on the reverse side of this certificate was embalmed by me

L. E.

No. or by, Registered Apprentice No.

working under my personal supervision.

Signed R A Palmer

Licensed Embalmer No. 1161

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.)