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-39  
12315

FILED AUG 11 1941

Registration District No. 125

Primary Registration District No. 2009

Registrar's No. 253

1. PLACE OF DEATH:

(a) County Cape Girardeau  
(b) City or town Cape Girardeau  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution St. Francis Hospital  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 7-3-41 to 7-8-41  
(Specify whether in)  
In this community \_\_\_\_\_  
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State MO (b) County Scott <sup>100</sup>  
(c) City or town ORAN <sup>4</sup>  
(If outside city or town limits, write "RURAL") <sup>0</sup>  
(d) Street No. ✓ (If rural, give location)  
(e) If foreign born, how long in U. S. A.? ✓ <sup>1</sup> years.

3. (a) PRINT FULL NAME GERTRUDE TENKHOFF

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

4. Sex Female 5. Color or race WHITE 6. (a) Single, widowed, married, divorced MARRIED  
6. (b) Name of husband or wife BERMAINE TENKHOFF 6. (c) Age of husband or wife if alive \_\_\_\_\_ years  
7. Birth date of deceased Aug 8 1915  
(Month) (Day) (Year)

8. AGE: Years 25 Months 10 Days 29 If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

9. Birthplace ORAN MO  
(City, town, or county) (State or foreign country)

10. Usual occupation House wife

11. Industry or business None

MOTHER FATHER { 12. Name Walter Shegley  
13. Birthplace CUTWER Ind 1  
(City, town, or county) (State or foreign country)  
14. Maiden name BESSIE BIESECKER  
15. Birthplace RUSSIEVILLE IND 1  
(City, town, or county) (State or foreign country)

16. (a) Informant Walter Shegley

(b) Address Oran MO

17. (a) July 9 1941 (b) Date thereof July 9 1941  
(Burial, cremation or other) (Month) (Day) (Year)

(c) Place: burial or cremation \_\_\_\_\_

18. (a) Signature of funeral director J. S. Heisner Sto  
(b) Address Oran MO

19. (a) 7-8-41 (b) J. M. [Signature]  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 2nd <sup>7th</sup> file  
year 1941 hour \_\_\_\_\_ minute \_\_\_\_\_ M.

21. I hereby certify that I attended the deceased from July 2  
1941, to July 27, 1941

that I last saw her alive on July 6th, 1941; and that death occurred on the date and hour stated above.

Immediate cause of death Obstruction bowel <sup>3 da</sup>

Due to Palvrie peritonitis

Due to Salpingitis (Ds. @)

Other conditions \_\_\_\_\_  
(Include pregnancy within 3 months of death)

Major findings: Of operations 25'  
Of autopsy \_\_\_\_\_

Duration  
3 da  
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? \_\_\_\_\_  
While at work? \_\_\_\_\_ (Specify type of place) (e) Means of injury \_\_\_\_\_

23. Signature [Signature] (M. D. certifier) 10  
Address Cape Girardeau MO Date signed 7-8-41

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

OCT 1 1945

OCT 1 1945

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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.....

Licensed Embalmer No.....

P. O. Address.....

**Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)**

**If this body is not embalmed, fact should be so stated above.**