

Registration District No. 779

Primary Registration District No. 4287

Registrar's No. _____

1. PLACE OF DEATH:

(a) County LINCOLN Co
(b) City or town TROY
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: _____

(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution _____ (Specify whether)

In this community _____ years, months or days

3. (a) PRINT FULL NAME ANTHONY GEORGE HENKE

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

4. Sex MALE 5. Color or race WHITE 6. (a) Single, widowed, married, divorced MARRIED

6. (b) Name of husband or wife LAURA ANN HENKE 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased. APRIL 14 1897
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
86 1 16 hr. min.

9. Birthplace. ST LOUIS MISSOURI
(City, town, or county) (State or foreign country)

10. Usual occupation RET. BLACKSMITH

11. Industry or business GENERAL REPAIR

12. Name DAVID ANTOINE HENKE

13. Birthplace HANDOVER GERMANY
(City, town, or county) (State or foreign country)

14. Maiden name MARY ANN (UNKNOWN)

15. Birthplace HANDOVER GERMANY
(City, town, or county) (State or foreign country)

16. (a) Informant MRS. LAURA HENKE

(b) Address TROY, MO.

17. (a) BUTIAL (b) Date thereof JUNE 1, 1943
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation TROY CEM. TROY MO.

18. (a) Signature of funeral director Kemper Funeral Home

(b) Address Troy, Mo

19. (a) June 20/43 (b) Miss Thy Jackson
(Date received local register) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State MISSOURI (b) County LINCOLN

(c) City or town TROY
(If outside city or town limits, write "RURAL")

(d) Street No. _____ (If rural, give location)

(e) If foreign born, how long in U. S. A? 0 years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month MAY day 30
year 1943 hour 9 minute 30 P.M.

21. I hereby certify that I attended the deceased from 1941
_____ 1941 to _____ 1943

that I last saw him alive on May 9, 1943
and that death occurred on the date and hour stated above.

Immediate cause of death Lobar Pneumonia Duration 3 day

Due to Secularity

Due to _____

Other conditions (Include pregnancy within 3 months of death) 108

Major findings: Of operations _____

Of autopsy _____

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) Means of injury _____

23. Signature John L. Rose (M. D. or other) _____

Address Troy Date signed 6/8/43

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

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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.....

Joseph J. Marsh

Licensed Embalmer No. *3932*

P. O. Address *Proy. 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.