

FILED MAY 31 1944

Registration District No. _____

Primary Registration District No. 5108

Registrar's No. 11

1. PLACE OF DEATH: **BENTON**

(a) County **BENTON**

(b) City or town **RURAL W. WILLIAMS TWP**
(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 years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State **MISSOURI** (b) County **BENTON**

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

(d) Street No. **8 MI EAST COLE CAMP**
(If rural, give location)

(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME **HENRY FRED WEINBERG**

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **APRIL** day **9** 26.
year **1944** hour **2** minute **40** A.M.

4. Sex **MALE** 5. Color or race **WHITE**

6. (a) Single, widowed, married, divorced **MARRIED**

6. (b) Name of husband or wife **LOUISA BALKE** 6. (c) Age of husband or wife if alive **55** years

7. Birth date of deceased **DEC. 21 1885**
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from **November 1942** to **April 9 1944**
that I last saw him alive on **April 9th 1944**
and that death occurred on the date and hour stated above.

8. AGE:	Years	Months	Days	If less than one day
	58	3	18	hr. _____ min. _____

Immediate cause of death **Angina Pectoris**

Due to _____

Due to _____

9. Birthplace **BENTON Co. MO.**
(City, town, or county) (State or foreign country)

10. Usual occupation **FARMER**

Other conditions _____
(Include pregnancy within 5 months of death)

Major findings:
Of operations _____
Of autopsy _____

11. Industry or business _____

12. Name **HENRY WEINBERG**

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

14. Maiden name **MARGARET MANKEN**

15. Birthplace **BENTON Co. MO.**
(City, town, or county) (State or foreign country)

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? _____

16. (a) Informant **MRS. HENRY WEINBERG**

(b) Address **COLE CAMP MO.**

17. (a) **BURIAL** (b) Date thereof **APRIL 12 1944**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **BOESCHENVILLE CAM**

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

18. (a) Signature of funeral director **Ralph Stover**

(b) Address **Stover MO**

19. (a) **April 10 - 1944** (b) **Pauline Harris**
(Date received local registrar) (Registrar's signature)

23. Signature **Byron T. Turner** (M. D. or other) **DO**

Address **Cole Camp, Mo.** Date signed **7-10-44**

1341

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

8
0
0

MOTHER FATHER

PHYSICIAN
Underline the cause to which death should be charged statistically.

Officer No. 71
District File Number 4-44-609
Date Filed 5-6-44

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 J. I. Stevenson
Licensed Embalmer No. 4073
P. O. Address Stover, 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.