

**FILED** APR 12 1946

Registration District No. **31**

Primary Registration District No. **5108**

Registrar's No. **8**

1. PLACE OF DEATH:

(a) County **Benton**  
(b) City or town **Cole Camp Rural Williamstownship**  
(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 **78 Years** (Specify whether years, months or days)  
In this community **78 Years**

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **Benton**  
(c) City or town **Cole Camp Rural**  
(If outside city or town limits, write "RURAL.")  
(d) Street No. **4 Miles East Route #3**  
(If rural, give location)  
(e) Citizen of foreign country? **No** (Yes or No)  
If yes, name country

3. (a) PRINT FULL NAME **Henry Dietrich Denker**

3. (b) If veteran, name war **No** 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 **Mrs Ida Denker** 6. (c) Age of husband or wife if alive **69** years

7. Birth date of deceased **March 29th 1867**  
(Month) (Day) (Year)

8. AGE: Years **78** Months **11** Days **2** If less than one day hr. min.

9. Birthplace **Hanover Germany**  
(City, town, or county) (State or foreign country)

10. Usual occupation **Farmer**

11. Industry or business

12. Name **Dietrich Denker**

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

14. Maiden name **Dora Bruns**

15. Birthplace **Germany**  
(City, town, or county) (State or foreign country)

16. (a) Informant **Mrs Ida Denker**

(b) Address **Cole Camp, Mo Route #3**

17. (a) Burial (b) Date thereof **Mar 3rd 1946**  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Monsoos Church Cemetery**

18. (a) Signature of funeral director **B. F. Eckhoff**

(b) Address **Cole Camp Mo**

19. (a) **April-5-46** (b) **Pauline Harris**  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **March** day **1st** year **1946** hour **2** minute **30 PM**

21. I hereby certify that I attended the deceased from **7-27-45** to **3-1-46**  
that I last saw **him** alive on **3-1-46** and that death occurred on the date and hour stated above.

Immediate cause of death **myocardial Failure**

Due to **Basilar Carcinoma**

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings: Of operations **HOK**

Of autopsy

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 **2**

23. Signature **A. W. Moreland** (M. D. or other) **DO**

Address **Cole Camp, Mo** Date signed **3-2-46**

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

7400

38

2F

RECEIVED

District Health Officer No. 7,

District File Number 346-220

Date Filed 4-11-65

**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 E. L. Eichmayer

730

Licensed Embalmer No.....

P. O. Address Cole Camp 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.**