

FILED APR 12 1940

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

10132

State File No. \_\_\_\_\_

FILED APR 12 1940

Registration District No. 66

Primary Registration District No. 5702B

Registrar's No. 6

1. PLACE OF DEATH:

(a) County Bollinger

(b) City, or town Rural (Sourance) Mo  
(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 2  
(Specify whether)

In this community \_\_\_\_\_  
years, months or days

8. (a) PRINT FULL NAME Henrietta Macke (Mrs)

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 Widowed

6. (b) Name of husband or wife Henry Macke

6. (c) Age of husband or wife if alive Deceased years

7. Birth date of deceased August 5 1863  
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
<u>76</u>	<u>8</u>	<u>22</u>	hr. _____ min. _____

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

10. Usual occupation Housewife

11. Industry or business \_\_\_\_\_

MOTHER FATHER

12. Name Jacob Van Der Mierden

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

14. Maiden name Elizabeth Van Der Saachen

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

16. (a) Informant's own signature John Macke

(b) Address Leopold Mo

17. (a) St. Johns Church (b) Date thereof Mar. 28 1940  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Leopold Cemetery

18. (a) Signature of funeral director Family Burial

(b) Address \_\_\_\_\_

19. (a) Mar 30 1940 (b) Mrs. William H. Van Dusen  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Bollinger

(c) City or town Rural (Sourance)  
(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.? \_\_\_\_\_ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 27  
year 1940 hour 5 minute 30 A.M.

21. I hereby certify that I attended the deceased from August 1 1938  
to March 26 1940  
that I last saw her alive on March 26 1940  
and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral Hemorrhage

Due to Arteriosclerosis

Due to \_\_\_\_\_

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

Major findings:  
Of operations \_\_\_\_\_  
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? \_\_\_\_\_

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

23. Signature John J. Myers (M. D. or other) DD 3  
Address Stantonville Mo Date signed 3/27/40

Duration \_\_\_\_\_

PHYSICIAN \_\_\_\_\_

Underline the cause to which death should be charged statistically.

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

Rev. 5-17-30 1-11891

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.

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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 with the above constitutes grounds for revocation of license.)**

**If this body is not embalmed, above space should be left blank.**