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CERTIFIED COPY

OREGON STATE BOARD OF HEALTH
VITAL STATISTICS SECTION

STATE OF OREGON · STATE BOARD OF HEALTH · Vital Statistics Section

312 (Local File Number) — CERTIFICATE OF DEATH — (State File Number)

1. DECEASED—NAME	First: Eldor	Middle: Christopher	Last: HENSCHKE	2. DATE OF DEATH (month, day, year)	Jan. 12, 1970
3. RACE White, Negro, American Indian, etc. (specify)	white	4. SEX: male	5a. AGE—Last birthday (years): 75	5b. Under 1 year: mos. / days — 5c. Under 1 day: hours / min.	6. DATE OF BIRTH (month, day, year): Jan. 4, 1895
7a. COUNTY OF DEATH	Multnomah	7b. CITY, TOWN, OR LOCATION OF DEATH: Portland	7c. Inside City Limits (specify yes or no): yes	7d. HOSPITAL OR OTHER INSTITUTION—NAME (if not in either, give street and number): Veterans Administration	
8. STATE OF BIRTH (If not in U.S.A., name country)	Nebraska	9. CITIZEN OF WHAT COUNTRY: U.S.A.	10. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (specify): married	11. NAME OF SPOUSE: Mary	
12. SOCIAL SECURITY NUMBER	543 10 2220	13a. USUAL OCCUPATION (give kind of work done during most of working life, even if retired): clerk	13b. KIND OF BUSINESS OR INDUSTRY: retail lumber yard		
14a. RESIDENCE—STATE	Oregon	14b. COUNTY: Klamath	14c. CITY, TOWN, OR LOCATION: Klamath Falls	14d. Inside City Limits (specify yes or no)	14e. STREET AND NUMBER OR R.F.D.: 219 Pine
15. FATHER—NAME first middle last	Paul Henschke	16. MOTHER—Maiden Name first middle last: Bertha Dryer	17. INFORMANT—NAME and relationship to deceased: VA Records		

PART I. DEATH WAS CAUSED BY: (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), and (c)) — approximate interval between onset and death

18. Immediate cause: (a) Metastatic carcinoma of the pancreas

Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last: due to, or as a consequence of: (b) ; due to, or as a consequence of: (c)

PART II. OTHER SIGNIFICANT CONDITIONS: conditions contributing to death but not related to cause given in Part I (a) — AUTOPSY (yes or no): 19a. yes — IF YES were findings considered in determining cause of death: 19b. yes

ACCIDENT (specify yes or no) 20a. no	DATE OF INJURY (month, day, year) 20b.	HOUR 20c.	HOW INJURY OCCURRED (enter nature of injury in part I or part II, item 18) 20d.		
INJURY AT WORK (specify yes or no) 20e. no	PLACE OF INJURY at home, farm, street, factory, office bldg., etc. (specify) 20f.	LOCATION (street or R.F.D. No., city or town, county, state) 20g.			

21. CERTIFICATION—PHYSICIAN: I attended the deceased from: VA	month day year: Jan. 6, 1970	to: Jan. 12, 1970	And Last Saw Him/Her Alive on: Jan. 12th	I Did/Did Not view the body after death (specify): did	DEATH OCCURRED (hour): 9:55pm M. — at the place, on the date, and, to the best of my knowledge, due to the cause(s) stated.
22a. PHYSICIAN—SIGNATURE: Arden E. Evanger	22b. NAME (type or print): A. E. EVANGER, M.D.	degree or Title	DATE SIGNED (month, day, year): 22c. Janurry 13, 1970		
MAILING ADDRESS—PHYSICIAN (street, city or town, state, zip): Veterans Administration Hospital. Sam Jackson Park. Portland Oregon 97207					
23. BURIAL, CREMATION, REMOVAL, MAUS. (specify): Burried	CEMETERY OR CREMATORY—NAME: 24b. Klamath Memorial Park	LOCATION city or town, state: 24c. Klamath Falls, Oregon	DATE (mo., day, year): 24d. 1/19/70		
24a. FUNERAL DIRECTOR—SIGNATURE: B. D. Stott	FUNERAL HOME—NAME AND ADDRESS (street, city or town, state, zip): 25b. O'Hairs Memorial Chapel, Klamath Falls, Oregon				
25a. REGISTRAR—SIGNATURE: John A. Donnellan	26b. DATE RECEIVED BY LOCAL REGISTRAR: JAN 29 1970	27. DATE RECEIVED BY STATE REGISTRAR: FEB - 2 1970			
26a.					

VS-112 Rev. 2-2-67

IF UNAUTHORIZED CHANGES MADE ON COPY VOID

STATE OF OREGON } ss.
County of Multnomah

DATE ISSUED FEB 4 1970

I hereby certify that the foregoing copy has been compared by me with the original document and is a true, full and correct copy of the original certificate as the same appears on file in the Vital Statistics Section of the Oregon State Board of Health and in my official care and custody.

Marian H. Morton
STATE REGISTRAR

STATE OF OREGON, } ss.
County of Klamath }

Filed for record at request of:
MARY HENSCHKE
on this 24th day of February A. D., 1970
at 9:24 o'clock A M. and duly
recorded in Vol. M 70 of Deeds
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WM. D. MILNE, County Clerk
By Hazel Bragel Deputy.
Fee $1.50