

REC'D FEB 24 1938

MISSOURI STATE BOARD OF HEALTH  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF DEATH

2843  
Do not use this space.

## 1. PLACE OF DEATH

(a) County Waverly Registration District No. 465  
(b) Township Middleton Primary Registration District No. 5620B  
(c) City Waverly Mo (d) Street No. \_\_\_\_\_ St.  
(If death occurred in Hospital or Institution, write its name instead of street and number)  
(e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

## 2. PRINT FULL NAME

Willis Lavern Luebert  
(a) Residence, No. \_\_\_\_\_ St.  (If nonresident, give city or town and State)  
(Usual place of abode, if no street address, write county or city)

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Single

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF \_\_\_\_\_

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) MAR 26 1937

7. AGE YEARS MONTHS DAYS If LESS than 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min.  
1 10 5

OCCUPATION  
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.   
9. Industry or business in which work was done, as saw mill, bank, etc.   
10. Date deceased last worked at this occupation (month and year) \_\_\_\_\_ 11. Total time (years) spent in this occupation \_\_\_\_\_

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) CONCORDIA MO

FATHER  
13. NAME ERVIN LUEBERT

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) DUNSBURG MO

MOTHER  
15. MAIDEN NAME HULDA OHRENBERG

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) OKLA CITY OKLA.

17. INFORMANT Ervin Luebert  
(ADDRESS) Concordia Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Elmwood Cemetery DATE Feb 2 1937

19. FUNERAL DIRECTOR (NAME) E. S. Jamieson  
(ADDRESS) Concordia Mo.

20. FILED Feb 1 - 1937 Clayton H. Lawrence 876 (Address) Waverly Mo  
Local Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 1-31 1939

22. I HEREBY CERTIFY, That I attended deceased from 1-21 1939, to 1-31 1939

I last saw him alive on 1-31 1939 Death is said to have occurred on the date stated above, at 4:13 p.m.  
The principal cause of death and related causes of importance were as follows:

Bronchial Pneumonia Date of onset \_\_\_\_\_

Other contributory causes of importance: Influenza

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_

What test confirmed diagnosis? \_\_\_\_\_ Was there an autopsy? \_\_\_\_\_

23. If death was due to external causes (violence), fill in also the following:  
Accident, suicide, or homicide? \_\_\_\_\_ Date of injury \_\_\_\_\_ 19 \_\_\_\_\_

Where did injury occur? \_\_\_\_\_ (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury \_\_\_\_\_

Nature of injury \_\_\_\_\_

24. Was disease or injury in any way related to occupation of deceased? \_\_\_\_\_

If so, specify \_\_\_\_\_

(Signed) Geo J. Jamieson M.D.

(Address) Waverly Mo

RECEIVED  
District Health Officer No. 8,  
District File Number  
Date Filed 2/16/39

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. S. Jensen*  
Licensed Embalmer No. *2058*  
P. O. Address *Concordia, 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, above space should be left blank.