

REGD MAR 23 1939

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

7531  
Do not use this space.

1. PLACE OF DEATH *Platte* 2  
(a) County *Platte* Registration District No. *698*  
(b) Township *7th S. 5th E.* Primary Registration District No. *1926* Registered No. \_\_\_\_\_  
(c) City \_\_\_\_\_ (d) Street No. \_\_\_\_\_ (If death occurred in Hospital or Institution, write its name instead of street and number) St. \_\_\_\_\_  
(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 *Daniel Tombs Lerner*  
(a) Residence, No. \_\_\_\_\_ St.  (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX *Male* 4. COLOR OR RACE *white* 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) *Widowed*  
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF \_\_\_\_\_  
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) *Dec 23rd 1862*  
7. AGE YEARS *76* MONTHS *1* DAYS *5* If LESS than 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min.  
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. *farmer*  
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) *Buchanan Co. Missouri*  
13. NAME *Dewitt Lerner*  
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *Tennessee*  
15. MAIDEN NAME *Rebecca Ussery*  
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *Tennessee*  
17. INFORMANT *Vincent Lerner* (ADDRESS) *Dearborn Mo.*  
18. BURIAL, CREMATION, OR REMOVAL PLACE *New Market Cmn.* DATE *Jan 30 1939*  
19. FUNERAL DIRECTOR *Lucian Davis* (ADDRESS) *Dearborn Mo.*  
20. FILED *7/1 39 J.H. Hall* Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) *Jan 28th 1939*  
22. I HEREBY CERTIFY That I attended deceased from *Jan. 23rd 1938*, to *Jan 28th 1938*, last saw him alive on *Jan 27th 1938* Death is said to have occurred on the date stated above, at \_\_\_\_\_ m.  
The principal cause of death and related causes of importance were as follows:  
*Lobar Pneumonia*  
Date of onset *12-22-38*  
Other contributory causes of importance: *108*  
Name of operation \_\_\_\_\_ Date of \_\_\_\_\_  
What test confirmed diagnosis? \_\_\_\_\_ Was there an autopsy? *no*  
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? *no*  
If so, specify \_\_\_\_\_  
(Signed) *D. L. Buchanan*, M. D.  
*629* (Address) *Dearborn Mo.*

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.

RECEIVED

District Health Officer No. 111

District File Number 39-2

Date Filed 3-2-39

STATEMENT BY LICENSED EMBALMER

I, Lucian Davis

, Licensed Embalmer No. 1714

hereby certify that the body recorded on the reverse side of this certificate was embalmed by Self

L. E.

No. \_\_\_\_\_ or by \_\_\_\_\_  
working under my personal supervision.

, Registered Apprentice No. \_\_\_\_\_

Signed Lucian Davis

Licensed Embalmer No. 1714

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.)