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.

RECD APR 20 1939

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

Do not use this space.

11876

File No.

Registered No. 115

1. PLACE OF DEATH
County Pettis
Township
City Sedalia (No. 1714 E. 6th St. Ward)
Registration District No. 668
Primary Registration District No. 3039

2. FULL NAME John Albert Ahrenholz

(a) Residence, No. 814 (Usual place of abode) East 6 St., Ward.
(If nonresident, give city or town and State)
Length of residence in city or town where death occurred 1 yrs. 6 mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

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

5A. IF MARRIED, WIDOWED, OR DIVORCED
HUSBAND OF (OR) WIFE OF Lovina Marie Ahrenholz

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) June 24 - 1854

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ...hrs. or ....min.
	84	9	6	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired Farmer
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year) 1929
11. Total time (years) spent in this occupation 50

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Hanover Germany

FATHER
13. NAME John Ahrenholz
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany

MOTHER
15. MAIDEN NAME Sophia
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany

17. INFORMANT Mrs E. J. Kupitz Sedalia
(ADDRESS)

18. BURIAL, CREMATION, OR REMOVAL
PLACE Lockwood DATE 4-1- 1939

19. UNDERTAKER McLaughlin Bros Sedalia
(ADDRESS)

20. FILED 3-31- 1939 Mrs Harry Snell
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) MARCH 30, 1939

22. I HEREBY CERTIFY, That I attended deceased from JAN 4, 1939, to MARCH 30, 1939.
I last saw h.him alive on MARCH 30, 1939. Death is said to have occurred on the date stated above, at 12:35a m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Cardiac decompensation	
with edema	
9,20	

Other contributory causes of importance:
Chronic myocarditis
Cardiac hypertrophy
Hypertension

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) Gordon Hawthorne, M. D.
(Address) Sedalia Mo

RECEIVED
District Health Officer No. 8
District File Number
Date Filed 4/10/39