

37 JUL 6 1939 MISSOURI STATE BOARD OF HEALTH  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF DEATH

22726  
Do not use this space.

1. PLACE OF DEATH

(a) County Moniteau Registration District No. 751  
(b) Township Walter Primary Registration District No. 4335 Registered No. 28  
(c) City California (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 Catherine M. Lehman

(a) Residence, No. 306 Randolph 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 <u>Female</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>married</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Daniel P. Lehman</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>June 8, 1882</u>		
7. AGE	YEARS <u>57</u>	MONTHS <u>15</u>
		DAYS <u>15</u>
		If LESS than 1 day, ..... hrs. or ..... min.
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)  
Picking Co., Missouri

FATHER 13. NAME  
Oesch

FATHER 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)  
Canada

MOTHER 15. MAIDEN NAME  
Hopstetter

MOTHER 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)  
Ohio

17. INFORMANT (ADDRESS)  
Mrs. Ruby Coale  
306 Randolph St. California, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE  
Bethel Cemetery DATE 6-25-1939

19. FUNERAL DIRECTOR (NAME) (ADDRESS)  
H. W. Wilson & Son  
California, Mo.

20. FILED 6-24-1939 H. P. Popejay  
Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 23, 1939

22. I HEREBY CERTIFY, That I attended deceased from June 23, 1939 to 6-23-1939

I last saw her alive on June 23, 1939 Death is said to have occurred on the date stated above, at 11 A.M.

The principal cause of death and related causes of importance were as follows:

Coronary Thrombosis  
Date of onset 6/23/39  
94

Other contributory causes of importance:  
Emphysema  
Removal of tonsils  
From Colon  
Date 6/23/39

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) R. F. Brainerd, M.D.  
504 (Address) California, 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.

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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..... *A. E. Wilson*.....

Licensed Embalmer No. *2351*.....

P. O. Address..... *California, Me.*.....

**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.**