REC'D SEP 20 1939

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

29109
Do not use this space.

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1. PLACE OF DEATH
(a) County: GASCONADE — Registration District No.: 305
(b) Township: BRUSH CREEK — Primary Registration District No.: 5423 — Registered No.: 27
(c) City: ..... (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: 46 yrs. — mos. — ds. — (f) How long in U. S., if of foreign birth? — yrs. — mos. — ds.

2. PRINT FULL NAME: MARTHA AMANDA LANKENAU

(a) Residence, No.: 525 GASCONADE COUNTY 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: F
4. COLOR OR RACE: W
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word): WIDOWED

5A. IF MARRIED, WIDOWED, OR DIVORCED ~~HUSBAND OF~~ (OR) WIFE OF: JOHN H. LANKENAU

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): MAR. 18 1866

7. AGE — YEARS: 73 — MONTHS: 5 — DAYS: 6 — If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.: HOUSEKEEPER
9. Industry or business in which work was done, as saw mill, bank, etc.: HOME
10. Date deceased last worked at this occupation (month and year): 7/39
11. Total time (years) spent in this occupation: 46 YRS

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): FUERSVILLE MISSOURI

FATHER
13. NAME: JOHN BURGESS
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): U.S.

MOTHER
15. MAIDEN NAME: MARY COX
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): U.S.

17. INFORMANT (ADDRESS): Charles E. Lankenau, Chillicothe Ill.

18. BURIAL, CREMATION, OR REMOVAL
PLACE: CITY CEMETERY ~~OWENSVILLE MO.~~ DATE: 8/27, 1939

19. FUNERAL DIRECTOR (ADDRESS): W. F. Gottenstrater, Owensville Mo.

20. FILED: 9-1, 1939 — Sarah A. Burnett, Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): 8-25, 1939

22. I HEREBY CERTIFY, That I attended deceased from 8-20, 1939, to 8-25, 1939. I last saw h~~e~~r alive on 8-25, 1939. Death is said to have occurred on the date stated above, at 11:45 p.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic myocarditis with terminal fibrillation.	8-20-39
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Other contributory causes of importance:	
Chronic Nephritis	5 yrs.
Cystitis	2 days

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) Paul Brenner, M. D.
(Address) 928 Owensville, Mo.

(Licensed Embalmer's Statement on Reverse Side)

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

STATEMENT BY LICENSED EMBALMER

I, Milford Winter, Licensed Embalmer No. 3835

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

L. E.

No. or by , Registered Apprentice No.

working under my personal supervision.

Signed Milford Winter

Licensed Embalmer No. 3838

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply w the above constitutes grounds for revocation of license.)