

1939 OCT 13 1939

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

33698
Do not use this space.

1. PLACE OF DEATH

(a) County Stoddard Registration District No. 834
(b) Township New Lisbon Primary Registration District No. 0103
(c) City Puxico, Mo. R. F. 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. da. (f) How long in U. S., if of foreign birth? yrs. mos. da.

2. PRINT FULL NAME

(a) Residence, No. _____ St. (If nonresident, give city or town and State)
Louis Ahrens
(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) Widower

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) July 14, 1860

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. min.
79 1 13

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) Indiana

13. NAME August Ahrens

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany

15. MAIDEN NAME Louise Wachmuth

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

17. INFORMANT August Ahrens
(ADDRESS) Puxico, Mo. R. F. D.

18. BURIAL, CREMATION, OR REMOVAL PLACE Fairview Cem. DATE Aug. 28, 1939

19. FUNERAL DIRECTOR (NAME) Chiles Und. Co.
(ADDRESS) Bloomfield, Mo.

20. FILED Oct 1, 1939 D. S. McFee
Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Aug. 27, 1939

22. I HEREBY CERTIFY, That I attended deceased from July 1, 1938 to Aug 27, 1939
I last saw him alive on Aug 1, 1939. Death is said to have occurred on the date stated above, at 3.30 A.M.
The principal cause of death and related causes of importance were as follows:

Chronic Myocarditis Date of onset _____

Other contributory causes of importance: Infection of old wound

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) Ch. Edmunds, M. D.
(Address) Puxico 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. 2,

District File Number 1039-256

Date Filed 10-9

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 Lulu Cooper

Licensed Embalmer No. 3499

P. O. Address Bloomfield, M

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.