

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.

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

40331

Do not use this space.

1. PLACE OF DEATH  
(a) County Montgomery Registration District No. 5-89  
(b) Township Deer Creek Primary Registration District No. 5-7872  
(c) City \_\_\_\_\_ (d) Street No. \_\_\_\_\_  
(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.

Registered No. 26

2. PRINT FULL NAME John Franklin Ahmann  
(a) Residence, No. \_\_\_\_\_ St. ☐  
(Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS					MEDICAL CERTIFICATE OF DEATH	
3. SEX <u>Male</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Single</u>			21. DATE OF DEATH (MONTH, DAY, AND YEAR) <u>Nov. 23, 1939</u>	
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF _____					22. I HEREBY CERTIFY, That I attended deceased from <u>June 8, 1934</u> to <u>Nov. 23, 1939</u>	
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>October 14, 1857</u>					I last saw him alive on <u>Nov. 6, 1939</u> Death is said to have occurred on the date stated above, at _____ m.	
7. AGE <u>82</u>	YEARS <u>1</u>	MONTHS <u>9</u>	DAYS <u>9</u>	If LESS than 1 day, _____ hrs. or _____ min.	The principal cause of death and related causes of importance were as follows:	
OCCUPATION	8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. <u>Farmer</u>				1. <u>Valvular Heart Disease,</u> <u>Mitral Insufficiency</u> 2. <u>Aretrio-sclerosis</u> Date of onset <u>1934</u>	
	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) <u>1938</u>					
11. Total time (years) spent in this occupation <u>Life</u>					Other contributory causes of importance: <u>None</u>	
12. BIRTHPLACE (CITY OR TOWN) <u>Warren Co., Missouri</u>					Name of operation _____ Date of _____	
FATHER	13. NAME <u>Rudolph Ahmann</u>				What test confirmed diagnosis? <u>Clinical</u> . Was there an autopsy? <u>No</u>	
	14. BIRTHPLACE (CITY OR TOWN) <u>Germany</u>				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.	
MOTHER	15. MAIDEN NAME <u>Minnie Ahmann</u>				Manner of injury _____	
	16. BIRTHPLACE (CITY OR TOWN) <u>Warren Co., Missouri</u>				Nature of injury _____	
17. INFORMANT <u>Charles Ahmann</u> (ADDRESS) <u>New Florence, Missouri</u>					24. Was disease or injury in any way related to occupation of deceased? <u>No</u>	
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Prices Branch</u> DATE <u>Nov. 25, 1939</u>					If so, specify _____ (Signed) <u>Buell Menefee</u> I. M. D. (Address) <u>Montgomery City, Mo.</u>	
19. FUNERAL DIRECTOR (NAME) <u>Oland A. Jones</u> (ADDRESS) <u>Bellflower, Missouri</u>					20. FILED <u>Nov. 25, 1939</u> <u>Mary Lou Pherrer</u> Local Registrar.	

**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..... *Clarence A. Jones*

Licensed Embalmer No. 2978

P. O. Address Bellflower, Missouri

**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.**