

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

42728  
Do not use this space.

**1. PLACE OF DEATH**

(a) County Benton Registration District No. 69  
 (b) Township Cole Primary Registration District No. 5099 Registered No. 30  
 (c) City Lincoln Mo or (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** Unmarried  
 (a) Residence, No. Benton Mo St. 1  
 (Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

**PERSONAL AND STATISTICAL PARTICULARS**

3. SEX M 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 12-12-1934

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

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. at home  
 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

FATHER 12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Lincoln Mo RT Missouri  
 13. NAME Ferdinand E Luetjens  
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Lincoln RT Missouri

MOTHER 15. MAIDEN NAME Katie M. Wilsudsen  
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Lincoln RT Missouri

17. INFORMANT (ADDRESS) Ferdinand E Luetjens Lincoln Mo RT  
 18. BURIAL, CREMATION, OR REMOVAL PLACE St. Hulda DATE 12-12-35  
 19. FUNERAL DIRECTOR (NAME) (ADDRESS) none  
 20. FILED 1-2-35 350 Sure Belover Local Registrar.

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 12-12-35

22. I HEREBY CERTIFY, That I attended deceased from 12-12-35 to 12-12-35  
 I last saw him alive on never, 1935. Death is said to have occurred on the date stated above, at 9 a.m.  
 The principal cause of death and related causes of importance were as follows:  
Still birth

Date of onset \_\_\_\_\_

Other contributory causes of importance: \_\_\_\_\_

Name of operation none Date of \_\_\_\_\_  
 What test confirmed diagnosis clinical 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) D. P. Reser, M. D.  
Cole Camp Mo (Address)

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. 7,

District File Number 1-40-107

Date Filed 12-10-40

---

---

**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.....

Licensed Embalmer No.....

P. O. Address.....

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

**If this body is not embalmed, above space should be left blank.**