

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 43326

Registration District No. 296

Primary Registration District No. 5413

Registrar's No. _____

1. PLACE OF DEATH:

(a) County Franklin
(b) City or town Union Township
(c) Name of hospital or institution: _____
(If outside city or town limits, write "RURAL" and name of township)

(d) Length of stay: In hospital or institution Residence
(Specify whether _____)

In this community _____
years, months or days 5 1/2

3. (a) PRINT FULL NAME CLAUDE VAN LEER

3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced married

6. (b) Name of husband or wife Hetta 6. (c) Age of husband or wife if alive 55 years

7. Birth date of deceased March 6 1882
(Month) (Day) (Year)

8. AGE: Years 57 Months 9 Days 10 If less than one day _____ hr. _____ min.

9. Birthplace Beaufort Mo.
(City, town, or county) (State or foreign country)

10. Usual occupation Highway maintenance Patrol

11. Industry or business _____

12. Name Wm J. Van Geer

13. Birthplace Jeffersburg Mo
(City, town, or county) (State or foreign country)

14. Maiden name Thina Adlerstein

15. Birthplace Springfield Ill.
(City, town, or county) (State or foreign country)

16. (a) Informant's own signature Hetta Van Geer

(b) Address Beaufort Mo P.H.R.

17. (a) Burial (b) Date thereof Dec. 19 1939
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation St. Jordans Wmg Cent

18. (a) Signature of funeral director G. H. Lembr...

(b) Address Beaufort Mo 854

19. (a) 12-18-39 (b) Harold F. Lawrence
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Franklin

(c) City or town Rural
(If outside city or town limits, write "RURAL")

(d) Street No. Union Township
(If rural, give location)

(e) If foreign born, how long in U. S. A. ? _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec day 16
year 1939 hour 9 minutes _____ P. M.

21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____;

that I last saw him _____ alive on _____, 19____; and that death occurred on the date and hour stated above.

Immediate cause of death _____

Chronic Myocarditis

Duration

Due to _____

Due to _____

Other conditions _____
(Include pregnancy within 3 months of death)

Major findings: Of operations _____

Of autopsy none

PHYSICIAN

Underline the cause to which death should be charged statistically

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) None

(b) Date of occurrence Dec 16 1939

(c) Where did injury occur? Union Township, Mo
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? Hog Pen on Farm
(Specify type of place)

While at work yes (e) Means of injury gunshot

23. Signature Wm P. Shipper (M.D.)

Address Beaufort Mo Date signed 12/16/39

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.

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 E. H. Lemme.....
working under my personal supervision. Registered Apprentice No.

Signed E. H. Lemme.....
Licensed Embalmer No. 3076
P. O. Address Beaufort Mo

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.