V. S. No. 2
M—11-10-39
ev. 5-17-39
I X21492

10
3
4

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED APR 8 1940

Registration District No. 73

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 10168

Primary Registration District No. 3006

Registrar's No. 70

1. PLACE OF DEATH:

(a) County ~~[illegible]~~ Boon

(b) City or town ~~[illegible]~~ Columbia
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: 1418 Rose Mary Lane. V
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution ..... (Specify whether
In this community 12 years. 55 years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Boon.

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

(d) Street No. 1418 Rose Mary Lane
(If rural, give location)

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

3. (a) PRINT FULL NAME Ralph G Lehner

3. (b) If veteran, name war Wounded War

3. (c) Social Security No. —

4. Sex Male

5. Color or race W

6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Hallie Lehner

6. (c) Age of ~~husband or~~ wife if alive 50 years

7. Birth date of deceased June (Month) 9 (Day) 1888 (Year)

8. AGE: Years 51 Months 9 Days 22 If less than one day ..... hr. ..... min.

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

10. Usual occupation Insurance General Agent

11. Industry or business Insurance.

FATHER
12. Name David Lehner V
13. Birthplace Canada (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Emma Thankerwilder
15. Birthplace Penn. (City, town, or county) (State or foreign country)

16. (a) Informant Mrs Edna Blathen
(b) Address Willsville Mo.

17. (a) M. Burial (Burial, cremation, or removal) (b) Date thereof 4-2-40 (Month) (Day) (Year)
(c) Place: burial or cremation Memorial Park

18. (a) Signature of funeral director G. B. Miller
(b) Address Willsville Mo.

19. (a) 4/2/40 (Date received local registrar) (b) Allie Selby (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 31 day March.
year 1940 hour 11:48 minute P. M.

21. I hereby certify that I attended the deceased from ..... 19..., to ..... 19...;
that I last saw h..... alive on ..... 19...;
and that death occurred on the date and hour stated above.

Immediate cause of death Chronic Interstitial Myocarditis

Due to Coronary artery Sclerosis with thrombosis.

Due to .....

Other conditions ..... 92 C
(Include pregnancy within 3 months of death)

Major findings:
Of operations .....

Of autopsy yes

Duration

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) .....
(b) Date of occurrence .....
(c) Where did injury occur? ..... (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place?
74 (Specify type of place)
While at work? ..... (e) Means of injury 4

23. Signature W. R. Toalson Coroner (M. D. or other)
Address Columbia, Mo. Date signed .....

(Licensed Embalmer's Statement on Reverse Side)

OCT 28 1941

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. 4133

P. O. Address Columbia, 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.