

Registration District No. 292

Primary Registration District No. 5410

Registrar's No. _____

1. PLACE OF DEATH:

(a) County Franklin
(b) City or town New Haven RFD, Boone Township
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: _____
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether _____)
In this community Life time
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Franklin
(c) City or town New Haven, Mo. RFD
(If outside city or town limits write "RURAL")
(d) Street No. _____ (If rural, give location)
(e) If foreign born, how long in U. S. A.? _____ years.

3. (a) PRINT FULL NAME Edward Louis Von Behren

8. (b) If veteran, name war _____ 3. (c) Social Security No. None

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

6. (b) Name of husband or wife Lydia Von Behren 6. (c) Age of ~~husband~~ or wife if alive 54 years

7. Birth date of deceased November 2 1883
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
56 6 26 _____ hr. _____ min.

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

10. Usual occupation Farming

11. Industry or business _____

MOTHER FATHER { 12. Name Henry Von Behren _____
13. Birthplace Germany _____
(City, town, or county) (State or foreign country)
14. Maiden name Lenora Brautigam _____
15. Birthplace Germany _____
(City, town, or county) (State or foreign country)

16. (a) Informant Lydia Von Behren

(b) Address New Haven, Mo. RFD

17. (a) Burial (b) Date thereof May 30, 1940
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Von Behren Family Cem.

18. (a) Signature of funeral director Norman Blumer

(b) Address Berger, Mo.

19. (a) May 30 (b) Jeffie Grammeau
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 28th
year 1940 hour 10 minute 10 A.M.

21. I hereby certify that I attended the deceased from Apr. 14 - 1940 to May 28 1940
that I last saw him alive on May 28 1940
and that death occurred on the date and hour stated above.

Immediate cause of death Chronic Progressive atrophy
Due to some spinal lesion

Due to _____
Other conditions (include pregnancy within 3 months of death) SIW

Major findings: Of operations _____
Of autopsy _____
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? 265

(Specify type of place) _____
(e) Means of injury _____

23. Signature John Engelbrecht (M. D. or other) _____
Address Ston Hill, Mo. Date signed 5/28/40

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

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 Herman Blinn

Licensed Embalmer No. 528

P. O. Address Beggs, 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.