

No. 2
-11-10-39
5-17-39
X21492

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

31789

State File No. _____

Registration District No. 213

Primary Registration District No. 3014

Registrar's No. 250

1. PLACE OF DEATH:

(a) County Cole
(b) City or town Jefferson City Mo
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
St. Marys Hospital
(List in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution one day
In this community at St Marys Hospital
years, months or days Jefferson City

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Cole
(c) City or town Lebanon
(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.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept day 22
year 1940 hour 4 minute AM
21. I hereby certify that I attended the deceased from Sept 21
1940 to Sept 22 1940
that I last saw him alive on September 22 1940
and that death occurred on the date and hour stated above.

Immediate cause of death
Acute lymphatic Leukemia

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

PHYSICIAN
Major findings:
Of operations _____
Of autopsy _____
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? _____

23. Signature J. A. Ossman (Specify type of place) _____ (s) Means of injury _____
Address Jefferson City Mo (M. D. or other) MD
Date signed 9-22-40

3. (a) PRINT FULL NAME Harvin Adam DERHARDT

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 single

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

7. Birth date of deceased Feb. 9, 1930
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
10 7 13 hr. _____ min.

9. Birthplace Rural Route Jefferson City
(City, town, or county) (State or foreign country)

10. Usual occupation ✓

11. Industry or business ✓

MOTHER FATHER { 12. Name Palmer Eulandt
13. Birthplace R. Route Jefferson City Mo
(City, town, or county) (State or foreign country)
14. Maiden name Lillian H. Cantel
15. Birthplace Lebanon Mo
(City, town, or county) (State or foreign country)

16. (a) Informant Palmer Eulandt
(b) Address Lebanon Mo

17. (a) Burial (b) Date thereof 9-24-40
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Springtown

18. (a) Signature of funeral director Russell Diller
(b) Address Russell Diller Mo

19. (a) 9/26/40 (b) Dr. J. A. Ossman
(Data certified local registrar) (Registrar's signature)

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 Theresa
W. Seibert, Registered Apprentice No. _____
working under my personal supervision.

Signed Walter H. Seibert
Licensed Embalmer No. 2820

P. O. Address Russellville

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.