FILED NOV 15 1940

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

34980
Do not use this space.

20

1. PLACE OF DEATH
(a) County Cape Girardeau Registration District No. 125
(b) Township " Primary Registration District No. 9009 Registered No. 345
or
(c) City " (d) Street No. 917 North Fountain 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 Rosena L Lehne
(a) Residence, No. 917 North Fountain St.
(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: Female
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): Widowed
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: Aug Lehne
6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Aug-13-1869
7. AGE: Years 71 Months 2 Days 1 If LESS than 1 day, ...hrs. or ....min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.
9. Industry or business in which work was done, as saw mill, bank, etc. Retired.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Egypt Mill Mo.

FATHER
13. NAME: Henry Kirchhoff
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Germany

MOTHER
15. MAIDEN NAME: Caroline Hente
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Germany

17. INFORMANT (ADDRESS): Mrs Clara Brinkopf - Cape Girardeau. Mo
18. BURIAL, CREMATION, OR REMOVAL PLACE: Lorimer Cemetery DATE: Oct 16th, 1940
19. FUNERAL DIRECTOR (NAME) (ADDRESS): Brinkopf-Howell Cape Girardeau. Mo
20. FILED 10-15, 1940 J. M. Thompson Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): Oct 14, 1940
22. I HEREBY CERTIFY, That I attended deceased from Oct 1939, 1940, to Oct 14, 1940
I last saw her alive on Oct. 14, 1940. Death is said to have occurred on the date stated above, at 12.25 m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of Rectum	
46	

Other contributory causes of importance: Central Haemorrhage

Name of operation: Colostomy Date of: C. 8 mo ago
What test confirmed diagnosis? microscopic 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) Carl W. Zimmermann, M. D.
(Address) Cape Girardeau. Mo
10-15-40

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY, WITH UNFADING INK--THIS IS A PERMANENT RECORD

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.

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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 comply with the above constitutes grounds for revocation of license.)

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