No. 2
1-10-39
17-39
X21492

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 38666

Registration District No. 296 Primary Registration District No. 5413 Registrar's No.

FILED DEC 10 1940

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

1. PLACE OF DEATH:
(a) County FRANKLIN.
(b) City or town RURAL UNION. (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
In this community 84 yrs. 2 months 5 days. (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County FRANKLIN.
(c) City or town RURAL (If outside city or town limits, write "RURAL")
(d) Street No. UNION RFD 1. (If rural, give location)
(e) If foreign born, how long in U. S. A.? years.

3. (a) PRINT FULL NAME FERDINAND. LENAU
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 Rosie LENAU
6. (c) Age of husband or wife 64. years
7. Birth date of deceased Sept. (Month) 9 (Day) 1856 (Year)

8. AGE: Years 84 Months 2 Days 5. If less than one day hr. min.

9. Birthplace UNION. (City, town, or county) Mo (State or foreign country)
10. Usual occupation FARMING.
11. Industry or business
FATHER 12. Name JOHN LENAU.
FATHER 13. Birthplace GERMANY. (City, town, or county) (State or foreign country)
MOTHER 14. Maiden name GERTRUDE PAEFLING
MOTHER 15. Birthplace GERMANY. (City, town, or county) (State or foreign country)
16. (a) Informant JOHN. B. LENAU
(b) Address UNION. Mo. RFD 1.
17. (a) BURIAL (Burial, cremation, or removal) (b) Date thereof 11-16-40 (Month) (Day) (Year)
(c) Place: burial or cremation NEJER. Mo
18. (a) Signature of funeral director E. H. Jennings
(b) Address Beaufort Mo
19. (a) 11-15-40 (Date received local registrar) (b) Laura T. Hawk M.D. (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month November day 14 year 1940 hour minute M.
21. I hereby certify that I attended the deceased from May 7, 1939 to November 14, 1940 that I last saw him alive on November 14, 1940 and that death occurred on the date and hour stated above.

Immediate cause of death Senility — Duration
Due to
Due to
Other conditions (Include pregnancy within 3 months of death)
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? (Specify type of place)
While at work (e) Means of injury

23. Signature Laura T. Hawk (M. D. or other)
Address Union Mo Date signed 11-15-40

(Licensed Embalmer's Statement on Reverse Side)

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, Registered Apprentice No. ..... working under my personal supervision.

Signed E H Lemme

Licensed Embalmer No. 3076

P. O. Address Beaufort Me

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply wit the above constitutes grounds for revocation of license.)

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