

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

**38940**  
 Do not use this space.

**FILED DEC 19 1940**

**1. PLACE OF DEATH**

(a) County Jasper Registration District No. 417  
 (b) Township WPC 1 N Primary Registration District No. 3021 Registered No. 126  
 (c) City Watts City (d) Street No. 202 S. HALL 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**

Wilhelm F. Lehmann  
 (a) Residence, No. 202 S. Hall St. St.  (If nonresident, give city or town and State)  
 (Usual place of abode, if no street address, write county or city)

**PERSONAL AND STATISTICAL PARTICULARS**

3. SEX Male 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 Widowed

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Feb 26, 1861

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, hrs. or min.
	<u>79</u>	<u>8</u>	<u>26</u>	

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) Unknown  
 (STATE OR COUNTRY) Germany

13. NAME Unknown

14. BIRTHPLACE (CITY OR TOWN) "  
 (STATE OR COUNTRY) "

15. MAIDEN NAME Unknown

16. BIRTHPLACE (CITY OR TOWN) "  
 (STATE OR COUNTRY) "

17. INFORMANT Albert F. Lehmann  
 (ADDRESS) Watts City Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Watts City Cem. DATE 11/24

19. FUNERAL DIRECTOR (NAME) Watts City Ind. Co.  
 (ADDRESS) Watts City Mo.

20. FILED NOV. 22, 40, 19. H. P. Outchard  
 Local Registrar

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Nov 21, 1940

22. I HEREBY CERTIFY, That I attended deceased from Oct - 1, 1940, to Nov. 21, 1940  
 I last saw him alive on Nov 21, 1940 Death is said to have occurred on the date stated above, at 3:20 p.m.  
 The principal cause of death and related causes of importance were as follows:

Chronic myocarditis  
 Date of onset 47 C

Other contributory causes of importance:

Name of operation..... Date of.....  
 What test confirmed diagnosis?..... Was there an autopsy?.....

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?.....  
 If so, specify.....  
 (Signed) M. S. Laughlin, M.D.  
 (Address) 205 W. Broadway

K. 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.

**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 myself

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

Signed Clayton M. Johnston

Licensed Embalmer No. 3,922

P. O. Address Webb City, 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.**