

No. 2  
4-12-40  
5-17-39  
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43272

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

State File No. 7

JAN 21 1941

Registration District No. 290

Primary Registration District No. 4-3-48 578XA

Registrar's No.

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

1. PLACE OF DEATH:

(a) County Montgomery Co. Linton

(b) City or town Big Spring, Mo.  
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:  
XX  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution XX  
(Specify whether years, months or days)

In this community 5 years  
(Specify whether years, months or days)

3. (a) PRINT FULL NAME Emma Lensing.

3. (b) If veteran, name war XX

3. (c) Social Security No. XX

4. Sex Female

5. Color or race Whit

6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Hugo R. Lensing.

6. (c) Age of husband or wife if alive 73 years

7. Birth date of deceased Feb 1st 1875  
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>65</u>	<u>10</u>	<u>14</u>	hr. min.

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

10. Usual occupation Housewife

11. Industry or business

MOTHER FATHER {

12. Name John Behr,

13. Birthplace Baden, Germany.  
(City, town, or county) (State or foreign country)

14. Maiden name Philippina Van Straaten,  
(City, town, or county) (State or foreign country)

15. Birthplace Rhineland, Germanv.  
(City, town, or county) (State or foreign country)

16. (a) Informant G. H. Berold.

(b) Address Mickituck Mo.

17. (a) Burial  
(Burial, cremation, or removal)

(b) Date thereof Dec 17th 1940  
(Month) (Day) (Year)

(c) Place: burial or cremation Newer Cemty Rhineland

18. (a) Signature of funeral director Barthel

(b) Address Americus, Mo.

19. (a) Dec 30 1940  
(Date received local registrar)

(b) Blanche Scholten  
(Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri. (b) County Montgomery

(c) City or town Big Spring, Mo.  
(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.? XX years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec day 15th  
year 1940 hour 12 minute 45 P. M.

21. I hereby certify that I attended the deceased from Mar 1 1940  
Dec 15, 1940, to Dec 15, 1940,  
that I last saw her alive on Dec 15, 1940,  
and that death occurred on the date and hour stated above.

Immediate cause of death Kraemic Poison Duration 2 days

Due to Chronic Interstitial nephritis

Due to

Other conditions 171  
(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?  
Mo. 520  
While at work? (Specify type of place) (e) Means of injury

23. Signature J. P. Rauschelback (M. D. or other)  
Address Rhineland Mo Date signed 12-17-40

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

D. B. Baker,

Registered Apprentice No.

working under my personal supervision.

Signed

*D. B. Baker*

Licensed Embalmer No. 3375

P. O. Address Americus, 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, fact should be so stated above.**