

No. 2
4-12-40
5-17-39
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FEB 17 1941

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

3474

State File No. _____

Registration District No. 571

Primary Registration District No. 4337

Registrar's No. 3

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

1. PLACE OF DEATH:

(a) County Monteau

(b) City or town California
(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 _____ (Specify whether)

In this community 85 yr years, months or days

3. (a) PRINT FULL NAME Henry Benjamin Lammert

3. (b) If veteran, name war _____

3. (c) Social Security No. _____

4. Sex Male 5. Color or race W

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

6. (b) Name of husband or wife Eldora 6. (c) Age of husband or wife if alive _____ years (Day) (Year)

7. Birth date of deceased Sept 25 1855
(Month) (Day) (Year)

8. AGE: Years 85 Months 3 Days 22 If less than one day _____ hr. _____ min.

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

10. Usual occupation Farmer

11. Industry or business _____

12. Name John Henry Lammert

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

14. Maiden name Louise Stoltz

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

16. (a) Informant Nathrin Rose

(b) Address California Mo

17. (a) Burial (b) Date thereof Jan 18 1940
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Salem Cem

18. (a) Signature of funeral director William F. Friedman

(b) Address California Mo

19. (a) 1-21-40 (b) W. R. Poppejoy
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State MO (b) County Monteau

(c) City or town California 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.? 0 years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan day 16 year 1941 hour 5 minute 30 P M.

21. I hereby certify that I attended the deceased from Jan 8, 1940, to Jan 16, 1941; that I last saw him alive on Jan 16, 1941; and that death occurred on the date and hour stated above.

Immediate cause of death Acute Bronchitis LC

Duration 5 days

Due to _____

Due to _____

Other conditions Cardiac asthma
(Include pregnancy within 3 months of death) 2 yrs

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? SAIT

(Specify type of place) _____ (e) Means of injury _____

23. Signature Edgar A. Keobe (M. D. or other) D

Address California Mo Date signed 1/18/41

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... *H.E. Friedmeyer*
Licensed Embalmer No. *2854*
P. O. Address *California 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.