

No. 2
-1-4-41
-17-39
X26390

FILLED OCT 13 1941

Registration District No. 399

Primary Registration District No. 1002

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

1. PLACE OF DEATH:

(a) County Jackson
(b) City or town Kansas City
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution St. Luke's Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 2 Day (Specify whether
In this community 44 Years years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson
(c) City or town Kansas City
(If outside city or town limits, write "RURAL")
(d) Street No. 1801 West 50th Street Terrace
(If rural, give location)
(e) Citizen of foreign country? Yes (Yes or No)
If yes, name country Germany

3. (a) PRINT FULL NAME

Mr. Otto J. Lehrack, Sr.

3. (b) If veteran, name war No

3. (c) Social Security No. None

4. Sex Male 5. Color or race White
6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Mrs. Helen Lehrack
6. (c) Age of husband or wife if alive 36 years

7. Birth date of deceased September 22 1879
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
61 11 12 hr. min.

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

10. Usual occupation Slate Mining Contractor

11. Industry or business Otto Lehrack Products-Joplin

12. Name John A. O. Lehrack

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

14. Maiden name Unknown

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

16. (a) Informant Mrs. Helen M. Lehrack

(b) Address 1801 West 50th Street

17. (a) Burial (b) Date thereof Sept. 5, 1941
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Mt. Washington Cem.

18. (a) Signature of funeral director D. V. Newcomer, Sr.
(b) Address 1401 Brush Creek Blvd.

19. (a) 9/5/41 (b) M. M. Crow
(Date received local registrar) (Registrar's signature)

(Licensed Embalmer's Statement on Reverse Side)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept. day 3rd
year 1941 hour 9 minute _____ M.

21. I hereby certify that I attended the deceased from Sept 2 1941 to Sept 3 1941;
that I last saw him alive on Sept 3 1941;
and that death occurred on the date and hour stated above.

Immediate cause of death Complete intestinal obstruction Duration 4 days
R. W. Leishii infection, Cardiac failure
Due to Carcinoma of sigmoid ?

Due to H6E
Other conditions (Include pregnancy within 3 months of death) H6E

Major findings: Carcinoma of sigmoid with intestinal obstruction
Of operations Same
Of autopsy Same
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?

While at work? _____ (Specify type of place)
(e) Means of injury _____
23. Signature Lawrence P. Engel (M. D. or other) D
Address Plaza Med. Bldg Date signed 9-4-41

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 George M. Collins

Licensed Embalmer No. 3839

P. O. Address J.C.M.

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.