

FILLED OCT 21 1941

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

31386

State File No.

Registration District No. 213

Primary Registration District No. 3014

Registrar's No. 879

1. PLACE OF DEATH

- (a) County Cole
 (b) City or town Jefferson City
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution: 1836-W-Main
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution _____ (Specify whether
 In this community _____
 years, months or days)

3. (a) PRINT FULL NAME

Benjiman H. Linhardt3. (b) If veteran,
name war _____3. (c) Social Security
No. _____

4. Sex Male 5. Color Wh 6. (a) Single, widowed, married,
 divorced _____
 (b) Name of husband or wife _____ 6. (c) Age of husband or wife if
 alive _____ years

7. Birth date of deceased Sept. 15 1878
 (Month) (Day) (Year)8. AGE: Years Months Days If less than one day
63 0 15 hr. min.9. Birthplace Frederick Md.
 (City, town, or county) (State or foreign country)

10. Usual occupation _____

11. Industry or business Real Estate12. Name John Linhardt13. Birthplace Germany
 (City, town, or county) (State or foreign country)14. Maiden name Sophia15. Birthplace Germany
 (City, town, or county) (State or foreign country)16. (a) Informant Mrs. Viola Laffer(b) Address 1836-W-Main17. (a) Buried (b) Date thereof Oct. 2, 1941
 (Burial, cremation, or removal) (Month) (Day) (Year)(c) Place: burial or cremation Reveries Cemetery18. (a) Signature of funeral director J. J. Norman(b) Address 700 Jefferson19. (a) 10-2-41 (b) J. J. Norman Richter
 (Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

- (a) State Missouri (b) County Cole 26
 (c) City or town Jefferson City
 (If outside city or town limits, write "RURAL")
 (d) Street No. 1836-W-Main
 (If rural, give location)
 (e) Citizen of foreign country? _____ (Yes or No)
 If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept day 30
 year 1941 hour _____ minute 59 M.21. I hereby certify that I attended the deceased from _____ 19____
Did not attend!
 that I last saw him _____ alive on _____ 19____
 and that death occurred on the date and hour stated above.Immediate cause of death _____ Duration
Gunshot wound
of headDue to _____
 Due to _____
 Other conditions _____ (Include pregnancy within 3 months of death) 164 CMajor findings: _____ PHYSICIAN
 Of operations _____Of autopsy no
 Underline the cause to which death should be charged statistically.

MOTHER FATHER

15. Birthplace Germany
 (City, town, or county) (State or foreign country)16. (a) Informant Mrs. Viola Laffer(b) Address 1836-W-Main17. (a) Buried (b) Date thereof Oct. 2, 1941
 (Burial, cremation, or removal) (Month) (Day) (Year)(c) Place: burial or cremation Reveries Cemetery18. (a) Signature of funeral director J. J. Norman(b) Address 700 Jefferson19. (a) 10-2-41 (b) J. J. Norman Richter
 (Date received local registrar) (Registrar's signature)

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) _____

(b) Date of occurrence Sept 30-41(c) Where did injury occur? Jeff. City Cole Mo
 (City or town) (County) (State)(d) Did injury occur in or about home, on farm, in industrial place, in public place?
Home (Specify type of place)While at work? _____ (e) Means of injury Rifle23. Signature Edw. Mansur (M. D. or other) _____Address Jefferson City Mo Date signed 10-1-41

Carver

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.....

J. H. Anderson

Licensed Embalmer No. *3641*

P. O. Address *Jeff. City, Mo.*

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

If this body is not embalmed, fact should be so stated above.

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 81386

Registration District No. 213

Primary Registration District No. 3014

Registrar's No. 279

1. PLACE OF DEATH:

(a) County Cole
 (b) City or town Jefferson City
(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 _____
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State _____ (b) County _____
 (c) City or town _____
(If outside city or town limits, write "RURAL")
 (d) Street No. _____
(If rural, give location)
 (e) Citizen of foreign country? _____ (Yes or No)
 If yes, name country _____

3. (a) PRINT FULL NAME

Benjamin H. Lehardt

3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept day 15
 year 1941 hour _____ minute _____ M.
 21. I hereby certify that I attended the deceased from _____ 1941;
 that I have seen him live on _____ 1941;
 and that death occurred on the date and hour stated above.
 Immediate cause of death _____

4. Sex m 5. Color or race w 6. (a) Single, widowed, married, divorced m
 (b) Name of husband or wife Ira C. Ryle 6. (c) Age of husband or wife if alive 56 years
 7. Birth date of deceased Sept 15 1878
(Month) (Day) (Year)

8. AGE: Years 63 Months 0 Days 0 If less than one day _____ min.
(If less than one day)

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

10. Usual occupation _____

11. Industry or business _____

MOTHER FATHER
 { 12. Name _____
 { 13. Birthplace _____
(City, town, or county) (State or foreign country)
 { 14. Maiden name _____
 { 15. Birthplace _____
(City, town, or county) (State or foreign country)

16. (a) Informant _____
 (b) Address _____

17. (a) _____ (b) Date thereof _____
(Burial, cremation, or removal) (Month) (Day) (Year)
 (c) Place: burial or cremation _____

18. (a) Signature of funeral director _____
 (b) Address _____

19. (a) 10-2-41 (b) Norma Richter
(Date received local registrar) (Registrar's signature)

(11-5-41)

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?
 While at work? _____ (Specify type of place) (e) Means of injury _____
 23. Signature Edw. Massman (M. D. or other) _____
 Address _____ Date signed 10-1-41

Coroner.

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

SUPPLEMENTARY

5-31386 1941