No. 2
13-40
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X23159

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED OCT 14 1941

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 31632

Registration District No. 347

Primary Registration District No. 3018

Registrar's No.

1. PLACE OF DEATH:

(a) County Henry

(b) City or town Clinton O.T. (If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: 115 W Green (If not in hospital or institution, write street number or location)

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

In this community 12 yrs

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Henry 4/2

(c) City or town Clinton (If outside city or town limits, write "RURAL") 1 2

(d) Street No. 115 W Green (If rural, give location) D

(e) If foreign born, how long in U. S. A.? years.

3. (a) PRINT FULL NAME Dan Lichterman

3. (b) If veteran, name war World War

3. (c) Social Security No.

4. Sex M

5. Color or race W

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

6. (b) Name of husband or wife Edna Lichterman

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

7. Birth date of deceased 4 (Month) 22 (Day) 1890 (Year)

8. AGE: Years 51 Months 5 Days 10 If less than one day hr. min.

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

10. Usual occupation Merchant

11. Industry or business Ladies Ready to Wear

FATHER
12. Name Irving Lichterman
13. Birthplace Unknown (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Unknown
15. Birthplace Unknown (City, town, or county) (State or foreign country)

16. (a) Informant Edna Lichterman

(b) Address Clinton Mo

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 10 5 1941 (Month) (Day) (Year)

(c) Place: burial or cremation Mt Carmel KC

18. (a) Signature of funeral director Fred Wilkinson

(b) Address Clinton Mo

19. (a) 10-11-41 (Date received local registrar) (b) Dr C R Hamilton (Registrar's signature)

31 20

(Licensed Embalmer's Statement on Reverse Side)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct day 2 year 1941 hour 12 minute 30 A. M.

21. I hereby certify that I attended the deceased from ____, 19__, to Oct 2, 19 41; that I last saw him alive on Oct 2, 19 41; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Coronary Thrombosis	30 min
Due to: —	
Due to: —	
Other conditions: None (Include pregnancy within 3 months of death)	
Major findings: Of operations None	
Of autopsy None	

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 S B Hughes (M. D. or other)

Address Clinton, Mo Date signed 10/4/41

OCT 13 1941

OCT 27

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 Fred Wickerman

Licensed Embalmer No. 2478

P. O. Address Clinton M

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

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