

FILED NOV 6 1941

Registration District No. 41

Primary Registration District No. 3021

State File No. _____

Registrar's No. 92

1. PLACE OF DEATH:

(a) County Jasper
(b) City or town Wells Pt., Mo.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
626 EAST TRACY
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____
In this community lifetime (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jasper
(c) City or town Wells Pt., Mo.
(If outside city or town limits, write "RURAL")
(d) Street No. 626 E. Tracy
(If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct day 21st
year 1941 hour 12.05 minute 0 M.
21. I hereby certify that I attended the deceased from 6-17-41
1941 to 10-21 1941;
that I last saw him alive on 10-21-41 1941;
and that death occurred on the date and hour stated above.

Immediate cause of death Ca of floor of skull.
Duration 3 wks.

Due to Ca of st. autum. 1 yr.
Due to _____

Other conditions (include pregnancy within 3 months of death) 55d

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? _____
While at work? _____ (Specify type of place) _____ (e) Means of injury _____

Signature [Signature] (M. D. or other) _____
Address Wells Pt., Mo. Date signed OCT 22; 1941

3. (a) PRINT FULL NAME August Gust Lehner

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

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

6. (b) Name of husband or wife Ellen Lehner 6. (c) Age of husband or wife if alive 61 years

7. Birth date of deceased July 17 1883
(Month) (Day) (Year)

8. AGE: Years 58 Months 3 Days 4
If less than one day hr. _____ min. _____

9. Birthplace Wells Pt., Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation Plumber

11. Industry or business _____

12. Name August Lehner

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

14. Maiden name Ellen Lehner

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

16. (a) Informant Mrs. Ellen Lehner

(b) Address 626 E. Tracy, Wells Pt., Mo.

17. (a) Burial (b) Date thereof Oct 22 1941
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Wells Pt., Mo.

18. (a) Signature of funeral director [Signature]
(b) Address Wells Pt., Mo.

19. (a) OCT 22; 1941 (b) [Signature]
(Date received local registrar) (Registrar's signature)

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

41-11-894

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 myself
....., Registered Apprentice No.
working under my personal supervision.

Signed Clayton M. Johnston
Licensed Embalmer No. 3,922
P. O. Address Webb City

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

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