

2
12-40
7-39
K23159

State File No.

FILED DEC 12 1941
Registration District No.

Primary Registration District No. 5962

Registrar's No.

1. PLACE OF DEATH:

(a) County Ralls
(b) City or town Rural Saline Township
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Huntington Mo R.I
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____
(Specify whether
In this community 50 Years
years, months or days)

3. (a) PRINT FULL NAME William Fredrick Lehenbauer

3. (b) If veteran, name war None 3. (c) Social Security No. None

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

6. (b) Name of husband or wife Sarah Elizabeth 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased March 9 1864
(Month) (Day) (Year)

8. AGE: Years 77 Months 8 Days 4 If less than one day _____ hr. _____ min.

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

10. Usual occupation Farmer (Retired) 5 Years

11. Industry or business _____

12. Name Fredrick Lehenbauer

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

14. Maiden name Elizabeth Koehler

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

16. (a) Informant Alfred Newell
(b) Address Huntington Mo.

17. (a) Burial (b) Date interred II/16/41
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation West Fly; Marion Co., Mo

18. (a) Signature of funeral director Wilson & Son

(b) Address W. N. Lemmon City, Mo.

19. (a) Nov 15 1941 (b) J. G. Floyd
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Ralls 89
(c) City or town Rural; Saline Township 0
(If outside city or town limits, write "RURAL") 0
(d) Street No. Huntington Mo R.I
(If rural, give location)
(e) If foreign born, how long in U. S. A.? _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month November day 13
year 1941 hour 9 minute P. M.

21. I hereby certify that I attended the deceased from 11/16 1940, to 11/13 1941;
that I last saw him alive on 10/24 1941;
and that death occurred on the date and hour stated above.

Immediate cause of death uremia Duration 2 mos.

Due to Nephritis 1 yr.

Due to Prostatitis 5 yrs.

Other conditions _____
(Include pregnancy within 3 months of death)

Major findings: Of operations _____

Of autopsy _____

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 J. N. Lemmon (M. D. or other) D.O.

Address Monroe City, Mo. Date signed 11/18/41

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

MOTHER FATHER

RECEIVED

District Health Officer No. 10

District File Number 12-41-2145

Date Filed DEC 10 1941

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 By Me

....., Registered Apprentice No.

working under my personal supervision.

Signed Lester P. Wilson

Licensed Embalmer No. 3014

P. O. Address Monroe City, 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.