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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. _____

JAN 6 1942/56

Primary Registration District No. 5220

Registrar's No. 65

1. PLACE OF DEATH: Cass
 (a) County: Cass
 (b) City or town: Superior Decatur Miss
 (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 1 year (Specify whether)
 In this community _____
 years, months or days)

2. USUAL RESIDENCE OF DECEASED: Cass 19
 (a) State: Mo (b) County: Cass
 (c) City or town: Rural (If outside city or town limits, write "RURAL")
 (d) Street No.: _____ (If rural, give location)
 (e) If foreign born, how long in U. S. A.? _____ years

3. (a) PRINT FULL NAME: SOLOMON E. LEHMEN

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

4. Sex: male 5. Color or race: white 6. (a) Single, widowed, married, divorced: married

6. (b) Name of husband or wife: Emma Lehman 6. (c) Age of husband or wife if alive: 62 years

7. Birth date of deceased: Dec 25 1886
 (Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	73	0	3	hr. min.

9. Birthplace: Morgan Co Mo
 (City, town, or county) (State or foreign country)

10. Usual occupation: Farmer

11. Industry or business: _____

12. Name: John Lehman

13. Birthplace: Morgan Co Mo

14. Maiden name: Elizabeth Barber

15. Birthplace: Morgan Co Mo

16. (a) Informant: Mrs Emma Lehman

(b) Address: arrisonville Mo.

17. (a) Burial (b) Date thereof: Dec 31 41

(c) Place: burial or cremation: Clear Fork Wynne Mo.

18. (a) Signature of funeral director: Rev. B. W. Murray

(b) Address: Pleasant Hill

19. (a) Dec. 30/41 (b) Margaret Valle

(Date received local registrar) (Registrar's signature)

1047 (Licensed Embalmer's Statement on Reverse Side)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec. day 28
 year 1941 hour 3 minute _____ P. M.

21. I hereby certify that I attended the deceased from Dec. 24 1941 to Dec. 28 1941
 that I last saw him alive on Dec. 24 1941
 and that death occurred on the date and hour stated above.

Immediate cause of death: Diabetes
 Due to: _____
 Due to: 61
 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) (c) Means of injury: _____

23. Signature: B. W. Murray M.D. (M. D. or other)
 Address: Pleasant Hill, Mo. Date signed: 12/30/41

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

9
0
8

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 the Dec. 28 1941

....., Registered Apprentice No.....

working under my personal supervision.

Signed.....

C. W. Brownfield
3756

Licensed Embalmer No.....

P. O. Address Pleasant Hill 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.