

STANDARD CERTIFICATE OF DEATH

4227
 1399

State File No.

Registrar's No.

Registration District No.

Primary Registration District No.

1. PLACE OF DEATH:
 (a) County.....
 (b) City or town.....
 (c) Name of hospital or institution:
 (d) Length of stay: In hospital or institution.....
 In this community.....

2. USUAL RESIDENCE OF DECEASED:
 (a) State..... (b) County.....
 (c) City or town.....
 (d) Street No.....
 (e) Citizen of foreign country?.....
 If yes, name country.....

3. (a) PRINT FULL NAME.....
 (b) If veteran, name war.....
 (c) Social Security No.....

MEDICAL CERTIFICATION
 20. DATE OF DEATH: Month..... day.....
 year..... hour..... minute..... M. P.M. M.

4. Sex.....
 5. Color or race.....
 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.....

21. I hereby certify that I attended the deceased from.....
 that I last saw h..... alive on.....
 and that death occurred on the date and hour stated above.

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

Immediate cause of death.....
 Cerebral Apoplexy.

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

Due to.....
 Due to.....

10. Usual occupation.....

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

11. Industry or business.....

Major findings:
 Of operations.....

12. Name.....

Of autopsy.....

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.....

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?.....

17. (a) Burial..... (b) Date thereof.....
 (c) Place: burial or cremation.....

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

23. Signature..... (M. D. or other).....
 Address..... Date signed.....

19. (a) FEB 14 1942..... (b) J. F. Budeck.....
 (Date received local registrar)..... (Registrar's signature).....

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

280

14000

17
9

0

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

[Handwritten signature]

23

2/14/42

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 *Reinhold K. Lehmann*

Licensed Embalmer No.....

P. O. Address.....

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.