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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED APR 28 1942

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

14371

State File No.

Registration District No. 318 324

Primary Registration District No. 5449

Registrar's No.

1. PLACE OF DEATH:

(a) County GREENE

(b) City or town ~~Springfield~~ Brighton
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: Route I Brighton Mo.
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution Roberson Fw
(Specify whether)

In this community
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Greene 39

(c) City or town Brighton
(If outside city or town limits, write "RURAL")

(d) Street No. Brighton Rt I
(If rural, give location)

(e) If foreign born, how long in U. S. A.? 0 years.

3. (a) PRINT FULL NAME CHARLES P. LUHN

3. (b) If veteran, name war No

3. (c) Social Security No. NONE

4. Sex Male

5. Color or race WHITE

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

6. (b) Name of ~~husband~~ or wife Lena B.

6. (c) Age of husband or wife if alive 48 years

7. Birth date of deceased November (Month) 9 (Day) 1865 (Year)

8. AGE:	Years	Months	Days	If less than one day
	76	11	8	hr. min.

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

10. Usual occupation Merchant

11. Industry or business Merchant

MOTHER FATHER

12. Name Unkown Unkown

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

14. Maiden name Unkown Unkown

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

16. (a) Informant Lena B. Luhn

(b) Address Rt I Brighton Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 4-19-42 (Month) (Day) (Year)

(c) Place: burial or cremation Greenlawn

18. (a) Signature of funeral director J W Klingner & Co

(b) Address Springfield Mo

19. (a) 4/21/42 (Date received local registrar) (b) Mrs Herman White (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 17 year 1942 hour 10:05 minute p M.

21. I hereby certify that I attended the deceased from Nov, 1941, to Apr 17, 1942 that I last saw h. 1 M alive on Apr 16 th, 1942 and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Pernicious Anemia	1 yr.
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations
Of autopsy

74a

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?
(Specify type of place)

While at work? (e) Means of injury

23. Signature C A Max Sotel (M. D. or other) MD

Address Springfield Mo Date signed 4/18/42

1233

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
Greene County Health Office,
County File Number 42-4-44
Date Filed 4/27/42

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 Max Rhodes

Licensed Embalmer No. 4071

P. O. Address Springfield

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.