

FILED JUN 22 1942

Registration District No. 300

Primary Registration District No. 5417

Registrar's No. 11

1. PLACE OF DEATH:

(a) County FRANKLIN
(b) City or town RURAL LYON
(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 _____ (Specify whether)
In this community _____
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Franklin
(c) City or town Rural 3600
(If outside city or town limits, write "RURAL")
(d) Street No. _____ (If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No) 0
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 10
year 1942 hour 7 minute 45 M.

21. I hereby certify that I attended the deceased from May 10 1942
to May 10 1942
that I last saw him alive on May 10 1942
and that death occurred on the date and hour stated above.

Immediate cause of death: Acute pulmonary congestion Duration 6 hours

Due to _____
Due to _____

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

Major findings:
Of operations
Of autopsy
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? _____

While at work? _____ (Specify type of place)
(c) Means of injury _____
23. Signature H.A. May (M. D. or other) M.D.
Address Washington, Mo. Date signed 5/11/42

3. (a) PRINT FULL NAME CLARENCE W. JOERS

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

4. Sex M. O 5. Color or race W. 6. (a) Single, widowed, married, divorced 0

6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if

alive _____ years
7. Birth date of deceased Dec 7 1940
(Month) (Day) (Year)

8. AGE: Years 1 Months 5 Days 3 If less than one day _____ hr. _____ min.

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

10. Usual occupation _____

11. Industry or business _____

12. Name EMIL H. JOERS

13. Birthplace GERALD MO. O
(City, town, or county) (State or foreign country)

14. Maiden name AMANDA S. SCHMIDT

15. Birthplace Leslie MO. O
(City, town, or county) (State or foreign country)

16. (a) Informant Emil H. Joers

(b) Address gerald mo RR 1

17. (a) Burial (b) Date thereof May 12 1942
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation gerald mo

18. (a) Signature of funeral director C. H. Jamme

(b) Address Beaufort mo.

19. (a) May 14 42 (b) Don O'Quinn
(Date received at local registrar) (Registrar's signature)

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

6
0
0

1139

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.....

E. H. Lemme

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

working under my personal supervision.

Signed:

E. H. Lemme

Licensed Embalmer No. *3076*

P. O. Address *Beaufort 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.