

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 27233

Registration District No. 137

Primary Registration District No. 2214

Registrar's No. 173

1. PLACE OF DEATH:

(a) County Harrison
(b) City or town Deepwater
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 1
(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

3. (a) PRINT

FULL NAME Chas Lehman
3. (b) If veteran, no 3. (c) Social Security
name war. _____ No. 443-74-9210

4. Sex Male 5. Color or race white 6. (a) Single, widowed, married, divorced 1
6. (b) Name of husband or wife Louise Lehman 6. (c) Age of husband or wife if alive 72 years
7. Birth date of deceased Aug 28 1866 (Month) (Day) (Year)

8. AGE: Years 76 Months 0 Days 2 If less than one day
hr. _____ min. _____

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

10. Usual occupation Labourer

11. Industry or business _____

12. Name Carl Lehman

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

14. Maiden name Selona Schmidt

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

16. (a) Informant Mrs Louise Lehman

(b) Address Deepwater Mo

17. (a) General Remar (b) Date thereof Sept 1st 42 (Month) (Day) (Year)

(c) Place: burial or cremation Forest Hill Cem Hl

18. (a) Signature of funeral director Tou Thurst (b) Address Deepwater Mo

19. (a) Aug 31 1942 (b) Georgia Ritchen (Date received local registrar) (Registrar's signature) 9-X

2. USUAL RESIDENCE OF DECEASED:

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug day 30 year 1942 hour _____ minute 3:30 PM

21. I hereby certify that I attended the deceased from Aug 27 1942 to Aug 20 1942
that I last saw alive on Aug 27 1942
and that death occurred on the date and hour stated above.

Immediate cause of death zirconia Duration 10 hr

Due to Cystitis 6 mo

Due to prostatic operation 6 mo

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

Major findings: _____ Of operations: 137a

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 1

23. Signature Chas Lehman (M. D. or other) M.D.

Address Clinton Mo Date signed 8-31-42

SEP 16 1942

RECEIVED

District Health Officer No. 7,

District File Number 9-42-997

Date Filed 9-10-42

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

Tom Hurst

Licensed Embalmer No. 2782

P. O. Address Deepwater, 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.