

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

Nov. 6-17-39 I 110311

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

FILED JAN 7 1943

Registration District No.

Primary Registration District No. 5212

State File No.

Registrar's No. 39

1. PLACE OF DEATH:

(a) County Carter  
 (b) City or town Van Buren  
 (If outside city or town limits, write "RURAL" and name of township)  
 (c) Name of hospital or institution: Sons Home  
 (If not in hospital or institution, write street number or location)  
 (d) Length of stay: In hospital or institution 1 month (Specify whether years, months or days)  
 In this community 1 month

8. (a) PRINT FULL NAME

John Henry Lehr

8. (b) If veteran, name war

8. (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 Sophronia Lehr

6. (c) Age of husband or wife if alive 4 69 years

7. Birth date of deceased Sept 4 1862

(Month) (Day) (Year)

8. AGE:

Years 80

Months 3

Days 27

If less than one day

hr. min.

9. Birthplace

(City, town, or county)

(State or foreign country) Arkansas

10. Usual occupation farmer

11. Industry or business

MOTHER FATHER

12. Name Henry Lehr

13. Birthplace Tenn.

(City, town, or county)

(State or foreign country)

14. Maiden name Sarah Hardin

15. Birthplace Tenn.

(City, town, or county)

(State or foreign country)

16. (a) Informant's own signature H. N. Lehr

(b) Address Van Buren

17. (a)

(b) Date thereof Jan 2 1943

(Burial, cremation, or removal)

(Month) (Day) (Year)

(c) Place: burial or cremation Mt Carmel

18. (a) Signature of funeral director Seaton Permitt

(b) Address Van Buren

19. (a)

Dec 3 1942

(Date received local registrar)

Miss R. J. Smith

(Registrar's Signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Carter  
 (c) City or town Elsmore  
 (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.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec day 31  
 year 1942 hour 12 minute 15 a.m.

21. I hereby certify that I attended the deceased from Nov 26, 1942, to Dec 30, 1942  
 that I last saw him alive on Dec 29, 1942  
 and that death occurred on the date and hour stated above.

Immediate cause of death

Cancer of Cardiac  
and of Stomach

Due to

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy no

Duration

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)

(e) Means of injury

23. Signature J. W. Cotton

(M. D. or other)

Address Van Buren

Date signed 1-1-43

RECEIVED

District Health Officer No. 5,

District File Number 14314

Date Filed 1-6-43

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 me

....., Registered Apprentice No. ....  
working under my personal supervision.

Signed Seaton Pewitt

Licensed Embalmer No. 2287

P. O. Address Van Buren

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, above space should be left blank.