

FILED DEC 16 1942

Registration District No. 2703

Primary Registration District No. 4522

Registrar's No. 25

109
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH:

(a) County WARREN

(b) City or town MARTHASVILLE MO
(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. 39 YEARS. (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State MISSOURI (b) County WARREN

(c) City or town MARTHASVILLE MO
(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.

3. (a) PRINT FULL NAME FREDERICK GODFREY AHMANN

3. (b) If veteran, name war. 3. (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 ALICE AHMANN 6. (c) Age of husband or wife if alive 65 years

7. Birth date of deceased. OCT 11 1864
(Month) (Day) (Year)

8. AGE: Years 78 Months 1 Days 7 If less than one day hr. min.

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

10. Usual occupation.

11. Industry or business RETIRED MERCHANT

MOTHER FATHER { 12. Name F.W. AHMANN

{ 13. Birthplace GERMANY 4 (City, town, or county) (State or foreign country)

{ 14. Maiden name LENETTE STEINEGEWEG

{ 15. Birthplace GERMANY 7 (City, town, or county) (State or foreign country)

16. (a) Informant Warner Johnson
(b) Address Marthasville, Mo.

17. (a) (Burial, cremation, or removal) Marthasville, Mo. (b) Date thereof Nov 21-42
(Month) (Day) (Year)

18. (a) Signature of funeral director Frank W. Schumaker
(b) Address Marthasville, Mo.

19. (a) Nov 20, 1942 (b) Exel Kehr
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov day 18 year 1942 hour 11 minute 45 P M.

21. I hereby certify that I attended the deceased from Sept 1 1942 to Nov 18 1942 and that death occurred on the date and hour stated above.

Immediate cause of death. Hypostatic Pneumonia 2 days
Chr. nephritis 2 years

Other conditions (Include pregnancy within 3 months of death) 1316

Major findings: Of operations. Of autopsy.

Duration
2 days
2 years
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 0

23. Signature Herbert H. Schumaker (M. D. or other) 0
Address Marthasville, Mo. Date signed.

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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 Fred Whichtenberg
Licensed Embalmer No. 1321
P. O. Address Marthasville Ms

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.