

ED MAR 8 1943

Registration District No. ....

Primary Registration District No. 5641

Registrar's No. 9

54  
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH:

(a) County Lafayette

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

(c) Name of hospital or institution: 3 mi N.E. Danks Camp  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether)

In this community 54 yrs (years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Lafayette

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

(d) Street No. R.R. #  
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No)

If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME HENRY FRED AUGUST LEFMAN

3. (b) If veteran, name war \_\_\_\_\_

3. (c) Social Security No. \_\_\_\_\_

MEDICAL CERTIFICATION

20. DATE OF DEATH, Month Feb day 5 year 1943 hour 4:30 minute \_\_\_\_\_ M.

21. I hereby certify that I attended the deceased from called in  
official capacity as coroner, 19\_\_\_\_;

I last saw him \_\_\_\_\_ alive on \_\_\_\_\_, 19\_\_\_\_;

and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral Hemorrhage Duration 9-10 hrs

4. Sex Ma 5. Color or Race W

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

6. (b) Name of husband or wife Anna Greitag 6. (c) Age of husband or wife if alive 73 years

7. Birth date of deceased June 24 1867  
(Month) (Day) (Year)

Due to \_\_\_\_\_

Due to \_\_\_\_\_

Other conditions \_\_\_\_\_  
(Include pregnancy within 3 months of death)

Major findings:  
Of operations \_\_\_\_\_

Of autopsy No autopsy

8. AGE:	Years	Months	Days	If less than one day
	<u>75</u>	<u>7</u>	<u>11</u>	hr. _____ min. _____

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

10. Usual occupation farmer

11. Industry or business \_\_\_\_\_

MOTHER FATHER

12. Name Fred Lefman

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

14. Maiden name Louise King

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

16. (a) Informant Walter Lefman

(b) Address Higginsville, Mo

17. (a) Burial Higginsville, Mo (b) Date thereof 2-7-1943  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Higginsville, Mo

18. (a) Signature of funeral director Winkler

(b) Address Washington, Mo

19. (a) 2-7-1943 (b) D. W. Braetlein  
(Date received local registrar) (Registrar's signature)

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) No

(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 W. E. Martin, Coroner  
(M. D. or other)

Address Osborne, Mo Date signed 2-5-43

PHYSICIAN \_\_\_\_\_

Underline the cause to which death should be charged statistically.

RECEIVED

Health Officer No. 8,

3-5-43

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

Signed Forrest J. Thumpel

Licensed Embalmer No. 3275

P. O. Address Livingston, 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.