

S. No. 2
4-5-42
5-17-39
I X32873

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

7159

State File No.

FILED MAR 11 1943

Registration District No. 256

Primary Registration District No. 5879

Registrar's No.

1. PLACE OF DEATH:

(a) County Osage Township Benton Rural

(b) City or town. (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 53 years
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Osage

(c) City or town Benton Township Rural
(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 Martha F. Lenecke

3. (b) If veteran, name war

3. (c) Social Security No.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb day 14
year 1943 hour 7 minute 40 M.

21. I hereby certify that I attended the deceased from 11-9-42
1942 to Feb, 14 1943
that I last saw her alive on Feb 14 1943
and that death occurred on the date and hour stated above.

4. Sex Female

5. Color or race White

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

6. (b) Name of husband Deceased

6. (c) Age of husband 6 years
alive 1870 years
(Day) (Year)

7. Birth date of deceased. Oct 6 1870
(Month) (Day) (Year)

Immediate cause of death. Chronic Myocarditis

Due to 930

Due to Phlebitis

Other conditions. Phlebitis
(Include pregnancy within 3 months of death)

8. AGE:

Years	Months	Days	If less than one day
<u>72</u>	<u>4</u>	<u>8</u>	<u>19</u> hr. <u>40</u> min.

9. Birthplace Marthasville Mo. (City, town, or county) (State or foreign country) 0

10. Usual occupation at Home

11. Industry or business

MOTHER FATHER {

12. Name Otto Ahmann

13. Birthplace Marthasville Mo (City, town, or county) (State or foreign country) 0

14. Maiden name Delisa Hildebrand

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

Major findings: Of operations

Of autopsy

PHYSICIAN

Underline the cause to which death should be charged statistically.

16. (a) Informant Ed Lenecke

(b) Address Morrisson Mo.

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?

(Specify type of place)

While at work? (e) Means of injury

23. Signature W. V. McKeilly (M. D. or other) 0
Address Chambers Date signed 2-16-43

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

(c) Place: burial or cremation Chambers Even Cemetery

18. (a) Signature of funeral director Otto T. Stockrich

(b) Address Chambers, Mo

19. (a) Feb 16 1943 (Date received local registrar)

(b) Ester Sander (Registrar's signature)

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

26
00

570

(Licensed Embalmer's Statement on Reverse Side)

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.....

Otto T. Storkwick

Licensed Embalmer No.

1902

P. O. Address.....

Chamois, 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.