V. S. No. 2
100M—2-43
Rev. 5-17-39
I X35697

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED MAY 13 1943

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

13742

State File No.

Registration District No. 42 Primary Registration District No. 1000 Registrar's No. 506

1. PLACE OF DEATH:

(a) County Buchanan

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

(c) Name of hospital or institution: Missouri Methodist Hospital (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 4 days (Specify whether

In this community 25 years years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Buchanan

(c) City or town St. Joseph (If outside city or town limits, write "RURAL")

(d) Street No. 2nd & Felix St. "Men's Bureau" (If rural, give location)

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

If yes, name country

3. (a) PRINT FULL NAME George Lesher

3. (b) If veteran, name war None

3. (c) Social Security No. None

4. Sex Male

5. Color or race White

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

6. (b) Name of husband or wife Nellie Slumbaum

6. (c) Age of husband or wife if alive 52 years

7. Birth date of deceased May (Month) 23 (Day) 1881 (Year)

8. AGE: Years 61 ~~55~~ Months 10 Days 16 If less than one day hr. min.

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

10. Usual occupation Odd jobs

11. Industry or business None

FATHER
12. Name Henry Lesher
13. Birthplace Missouri (City, town, or county) 0 (State or foreign country)

MOTHER
14. Maiden name Unknown
15. Birthplace Unknown (City, town, or county) 9 (State or foreign country)

16. (a) Informant Doris Bailey (Daughter)

(b) Address Rt # 2, Atchison, Kansas

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 4/12/43 (Month) (Day) (Year)

(c) Place: burial or cremation Mt. Auburn Cemetery

18. (a) Signature of funeral director John E. Kuhlp

(b) Address 6054 Pryor Ave., City

19. (a) 4-12-43 (Date received local registrar) (b) Rose Herzog (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day ninth year 1943 hour four minute 15 P.M.

21. I hereby certify that I attended the deceased from April 1, 1943 to April 9, 1943 that I last saw him alive on April 9, 1943 and that death occurred on the date and hour stated above.

Immediate cause of death Chronic Myocarditis c̄ Decompensation over 10 days

Due to

Due to Hydrothorax over 10 days

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations 93d

Of autopsy

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? (Specify type of place)

While at work? (e) Means of injury

23. Signature Clifton Ondt (M. D. or other) M.D.

Address Social Welfare Board Date signed 4/12/43

1233

(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 John E. Rupp

Licensed Embalmer No. 3986

P. O. Address St. Joseph, 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.