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5-17-39
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No.

FILED MAY 6 1948

Registration District No. 182

Primary Registration District No. 5679

Registrar's No. 9

1. PLACE OF DEATH:

(a) County... LINN

(b) City or town... NEW BOSTON (Rural)

(c) Name of hospital or institution: Baker Hosp.

(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution... 38 mo. (Specify whether years, months or days)

In this community... (Yes or No)

2. USUAL RESIDENCE OF DECEASED:

(a) State... MO (b) County... LINN

(c) City or town... NEW BOSTON (Rural)

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

(d) Street No... R.R.#1 (If rural, give location)

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

If yes, name country...

3. (a) PRINT FULL NAME LOUIS LIEBHART

3. (b) If veteran, name war... 3. (c) Social Security No. ...

4. Sex... male, Color or race... white, 5. (a) Single, widowed, married, divorced... married

6. (b) Name of husband or wife... Annie J. Liebhart 6. (c) Age of husband or wife if alive... 67 years

7. Birth date of deceased... June 14, 1881 (Month) (Day) (Year)

8. AGE: Years 81, Months 10, Days 2, If less than one day ... hr. ... min.

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

10. Usual occupation... Farmer

11. Industry or business... Farming

12. Name... Martin Liebhart

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

14. Maiden name... Christiana Hammumalla

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

16. (a) Informant... Walter Liebhart (b) Address... New Boston, Mo.

17. (a) Burial (b) Date thereof... Apr. 19, 1948 (Month) (Day) (Year)

(c) Place: burial or cremation... New Boston Camp

18. (a) Signature of funeral director... Larson Funeral Service (b) Address... Bucklin, Mo.

19. (a) 4-18-43 (Date received local registrar) (b) Mrs. Amy Montgomery (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month... Apr... day... 16 year... 1943 hour... 2 minute... 15 A.M.

21. I hereby certify that I attended the deceased from 6/15, 1938, to 4/16, 1943, that I last saw him alive on 4/9, 1943, and that death occurred on the date and hour stated above.

Immediate cause of death... Chronic Myocarditis

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

Major findings: Of operations... Of autopsy...

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?

23. Signature... A. G. Spear (Specify type of place) (e) Means of injury... Bucklin, Mo. Date signed 4/16/43

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

58
00

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.....

C. A. Larson

Licensed Embalmer No.....

4037

P. O. Address.....

Bucklin, 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.