

V. S. No. 2  
100M-2-43  
Rev. 5-17-39  
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DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

28771

State File No. \_\_\_\_\_

LED AUG 20 1943

Registration District No. 209

Primary Registration District No. 3043

Registrar's No. 176

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

1. PLACE OF DEATH:

(a) County Marion

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

(c) Name of hospital or institution:  
H. Elizabeth Hospital  
(If not in hospital or institution, write street number or location)

(d) Length of stay: 9 months (Specify whether in hospital or institution)

In this community 9 months (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Marion <sup>64</sup>

(c) City or town Hannibal <sup>4</sup>  
(If outside city or town limits, write "RURAL")

(d) Street No. 3111 Pleasant  
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No)  
If yes, name country 0

3. (a) PRINT FULL NAME Lena H. Lehenbauer

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

4. Sex Female 5. Color or race white 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife John S. Lehenbauer 6. (c) Age of husband or wife if alive 69 years

7. Birth date of deceased February 1, 1875  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day

68 4 13 - hr. - min.

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

10. Usual occupation at home

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

MOTHER FATHER { 12. Name William Schachtsiek

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

14. Maiden name Margaret Landwehr

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

16. (a) Informant John S. Lehenbauer

(b) Address 3111 Pleasant, Hannibal, Mo.

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

(c) Place: burial or cremation Grand View Burial Park

18. (a) Signature of funeral director Ray P. Dehnbart

(b) Address 1000 Bidway, Hannibal, Mo.

19. (a) 6/22/43 (b) R. W. Connor  
(Date received from registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 14 year 1943 hour 3 minute 45 P. M.

21. I hereby certify that I attended the deceased from Feb 16, 1943 to June 14, 1943 that I last saw her alive on June 14, 1943 and that death occurred on the date and hour stated above.

Immediate cause of death Myocarditis chr. —

Due to Hypertensive Cardio-Vascular Disease

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

Other conditions (Includes pregnancy within 3 months of death) 930

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? \_\_\_\_\_

While at work \_\_\_\_\_ (Specify type of place) (e) Means of injury \_\_\_\_\_

23. Signature J. E. Gulkner (M. D. or other) M.D.

Address 115 N. 2nd Hannibal Date signed 9/16/43

Duration

24yrs

Duration

24yrs

PHYSICIAN

Underline the cause to which death should be charged statistically.

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 Roy P. Schwartz

Licensed Embalmer No. 1965

P. O. Address 100 Edway, Hannibal 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.