

S. No. 2
M-2-43
5-17-39
I X35657

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **32310**

ED OCT 13 1943 263
Registration District No. **263**

Primary Registration District No. **4532**

Registrar's No. **16**

1. PLACE OF DEATH:
(a) County **Warren**
(b) City or town **Marthasville**
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
(If not in hospital or institution, write street number or location) **1**
(d) Length of stay: in hospital or institution _____ (Specify whether
in this community **60 yrs.** years, months or days) _____

2. USUAL RESIDENCE OF DECEASED:
(a) State **Missouri** (b) County **Warren** ¹⁰⁹
(c) City or town **Marthasville** ⁰
(If outside city or town limits, write "RURAL")
(d) Street No. _____ (If rural, give location)
(e) Citizen of foreign country? **No** (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME **Frank William Kehr**

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

4. Sex **Male** ⁰ **5. Color or** **White** **6. (a) Single, widowed, married,** **divorced** **widowed**
race **2** **6. (c) Age of husband or wife if** **18** **18** **60**
alive **years**
6. (b) Name of husband or wife _____

7. Birth date of deceased **Aug.** **18** **18** **60**
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
83 **25** hr. min.

9. Birthplace **Gasconade County, Mo.**
(City, town, or county) (State or foreign country)

10. Usual occupation **Teacher and Supt. of School**

11. Industry or business _____

MOTHER FATHER

12. Name **Frank Kehr**

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

14. Maiden name **Henrietta Wesensau**

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

16. (a) Informant **Ethel Kehr**

(b) Address **Marthasville, Mo.**

17. (a) Burial, cremation, or removal **burial** **(b) Date thereof** **Sept. 14, 1943**
(Month) (Day) (Year)

(c) Place: burial or cremation **Marthasville, Mo.**

18. (a) Signature of funeral director **Fred W. Richter**

(b) Address **Marthasville Mo**

19. (a) Sept. 13, 1943 **(b) Ethel Kehr**
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Sept** day **12**
year **1943** hour **9** minute **03** A.M.

21. I hereby certify that I attended the deceased from **Jan 1** **1943** to **Sept 12** **1943**
that I last saw him alive on **Sept 12** **1943**
and that death occurred on the date and hour stated above.

Immediate cause of death
Chr. myocarditis
Chr. nephritis
general arterio sclerosis
Due to _____
Due to _____

Duration

1 yr
5 yrs

Other conditions _____
(Include pregnancy within 3 months of death)

Major findings: **1316**
Of operations _____
Of autopsy _____

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? _____

23. Signature **Herbert H. Schmidt, MD**
Marthasville Mo (M. D. or other)
Date signed **9-13-43**

1263

(Licensed Embalmer's Statement on Reverse Side)

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

2900

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 Fred W. Lichtenberg
Licensed Embalmer No. 1321
P. O. Address Marthasville 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.