

No. 2
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED NOV 10 1943

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

34331

State File No. _____

Registration District No. 47

Primary Registration District No. 4068: 11

Registrar's No. 343

1. PLACE OF DEATH:

(a) County CALLAWAY

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

(c) Name of hospital or institution:
R.F.D. #1, MOKANE, MO.
(If not in hospital or institution, write street number or location)

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

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

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Callaway

(c) City or town Mokane - Rural
(If outside city or town limits, write "RURAL")

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

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

If yes, name country _____

3. (a) PRINT FULL NAME VERLENIA M. LEHMAN

3. (b) If veteran, name war NO

3. (c) Social Security No. NON 9

4. Sex FEMALE

5. Color or race White

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

6. (b) Name of husband or wife August Lehman

6. (c) Age of husband or wife if alive 75 years

7. Birth date of deceased MAY 14 1895
(Month) (Day) (Year)

8. AGE: Years 58 Months 5 Days 5

If less than one day _____ hr. _____ min.

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

10. Usual occupation HOUSEKEEPER

11. Industry or business _____

12. Name Geo. BENSON

13. Birthplace MONTGOMERY Co. MO
(City, town, or county) (State or foreign country)

14. Maiden name VIRGINIA GRITNER

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

16. (a) Informant BENSON LEHMAN

(b) Address MOKANE, MO

17. (a) BURIAL (b) Date thereof OCT. 20 1943
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation MOKANE

18. (a) Signature of funeral director Wm. J. Manser

(b) Address 712 Court St. Fulton, Mo.

19. (a) OCT 20 1943 (b) Joie Mossinkoff
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct. day 18th
year 1943 hour 3 minute 9 P.M.

21. I hereby certify that I attended the deceased from Oct. 15
1943, to Oct. 18 1943

that I last saw her alive on October 18 1943
and that death occurred on the date and hour stated above.

Immediate cause of death Hypertension with paralytic on right side
4 days

Due to Arteriosclerosis Repeated

Due to attacks of gallstones 2 yrs. and pounds of protoid

Other conditions Renal of liver
(Include pregnancy within 3 months of death)

Major findings:
Of operations _____

Of autopsy _____

46 f

Duration _____

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? _____

While at work? _____ (Specify type of place)

(e) Means of injury _____

23. Signature W. H. Williams (M. D. or other) M.D.

Address Mokane, Mo. Date signed 10/20/43

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

MOTHER FATHER

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

working under my personal supervision.

Signed

Glen Y. Manspin

Licensed Embalmer No. 2725

P. O. Address *Fulton, 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.