S. No. 2
M—2-43
5-17-39
I X35697

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED DEC 13 1943

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 38453

Registration District No. 156 Primary Registration District No. 2001 Registrar's No. 658

1. PLACE OF DEATH:

(a) County Jasper
(b) City or town Joplin
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: St. Johns Hospital O
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 1 day (Specify whether
In this community 3 years
years, months or days)

2. USUAL RESIDENCE OF DECEASED: 75

(a) State Missouri (b) County Newton
(c) City or town Joplin
(If outside city or town limits, write "RURAL")
(d) Street No. 51st and Range Line
(If rural, give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country /

3. (a) PRINT FULL NAME Louis Lawrence Lehr

3. (b) If veteran, name war none

3. (c) Social Security No. 443-09-6761

4. Sex M

5. Color or race W

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

6. (b) Name of husband or wife Alta Lehr

6. (c) Age of husband or wife if alive 60 years

7. Birth date of deceased August 6, 1890 (Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
56	3	24	hr. min.

9. Birthplace Davenport (City, town, or county) Iowa (State or foreign country) /

10. Usual occupation Printer

11. Industry or business Newspaper

FATHER
12. Name George A. Lehr /
13. Birthplace Philadelphia, Pennsylvania (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Christina Zinger
15. Birthplace (City, town, or county) Canada (State or foreign country) 2

16. (a) Informant Mrs. Alta Lehr
(b) Address Tulsa, Oklahoma

17. (a) burial (Burial, cremation, or removal) (b) Date thereof 12/3/43 (Month) (Day) (Year)
(c) Place: burial or cremation Forest Park

18. (a) Signature of funeral director PARKER-HUNSAKER
(b) Address 1502 Joplin, Joplin, Missouri

19. (a) 12-2-43 (Date received local registrar) (b) [signature] (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month November day 30
year 1943 hour 1:30 minute P M.

21. I hereby certify that I attended the deceased from 3-9-43
19 , to Nov 30 19 43
that I last saw him alive on Nov 30-43 19 ;
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Cerebral Hemorrhage	
Due to Arterio sclerosis	6 mo
Due to Diabetes mellitus	6 mo.
Other conditions Lues III (Include pregnancy within 3 months of death)	

Major findings:
Of operations
Of autopsy

309

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 Guy I. Meredith (M. D. or other)
Address 401 Pierce Bldg. Date signed 12-2-43

1204 (Licensed Embalmer's Statement on Reverse Side)

43-11-957

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 F. M. Jones

Licensed Embalmer No. 2319

P. O. Address Joplin 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.