V. S. No. 2
DM—9-4-41
ev. 5-17-39
I X29484

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED MAR 13 1944

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 8006

Registration District No. 27 Primary Registration District No. 4411 Registrar's No. 13

1. PLACE OF DEATH:
(a) County Pike
(b) City or town Bowling Green Mo.
(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)
(d) Length of stay: In hospital or institution (Specify whether
In this community years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Mo. (b) County Pike 82
(c) City or town Rural
(If outside city or town limits, write "RURAL")
(d) Street No.
(If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME George Martin Lederman
3. (b) If veteran, name war no
3. (c) Social Security No. none
4. Sex male
5. Color or race white
6. (a) Single, widowed, married, divorced married
6. (b) Name of husband or wife Minnie A. Lederman
6. (c) Age of husband or wife if alive 57 years
7. Birth date of deceased June (Month) 13 (Day) 1862 (Year)

8. AGE:	Years	Months	Days	If less than one day
	81	8	1	hr. min.

9. Birthplace Clark Co (City, town, or county) Ill (State or foreign country)
10. Usual occupation Farmer
11. Industry or business
FATHER
12. Name Jacob Lederman
13. Birthplace (City, town, or county) Germany (State or foreign country)
MOTHER
14. Maiden name Dont Know
15. Birthplace (City, town, or county) Germany (State or foreign country)
16. (a) Informant Mrs. Sam Trower
(b) Address Bowling Green Mo.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Feb. 17 1944 (Month) (Day) (Year)
(c) Place: burial or cremation Indian Cr. Cemetery
18. (a) Signature of funeral director Grace Bankhead
(b) Address Bowling Green Mo.
19. (a) Feb. 20-44 (Date received local registrar) (b) [illegible] Gordon (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb. 14 day Monday
year 1944 hour minute M.
21. I hereby certify that I attended the deceased from
, 19 , to , 19
that I last saw h alive on , 19
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Coronary Thrombosis	
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death) 94a	
Major findings: 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?
(Specify type of place)
While at work? (e) Means of injury
23. Signature Emmett Edwards (M. D. or other) Justice of Peace
Address Bowling Green, Mo. Date signed Feb. 14

1148

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 10
District File Number 3-44-589
Date Filed MAR 10 1944

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 Grace Bamfghead

Licensed Embalmer No. 2204

P. O. Address Bowling Green 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.