

S. No. 2
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5-17-39
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED SEP 13 1944

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **28424**
Registrar's No. **133**

Registration District No. **251** Primary Registration District No. **6853**

1. PLACE OF DEATH:
(a) County **Nodaway**
(b) City or town **Maryville (rural-polk)**
(c) Name of hospital or institution:
(If not in hospital or institution, write street number or location)
(d) Length of stay: **30 years** (Specify whether hospital or institution)
In this community **30 years** (years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State **Missouri** (b) County **Nodaway**
(c) City or town **Maryville**
(d) Street No. **1 mile south of city**
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME **David Lehmer Jr.**
3. (b) If veteran, name war **World war # 1**
3. (c) Social Security No.

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month **August** day **30**
year **1944** hour **Between 9+10** minute **A** M.

4. Sex **male** 5. Color or race **white** 6. (a) Single, widowed, married, divorced **single**

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.

6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive **1887** years
7. Birth date of deceased **May 15** (Month) **1887** (Day) (Year)

Immediate cause of death **thrombulation**
Hanging - suicide

8. AGE: Years **57** Months **3** Days **15** If less than one day hr. min.

Due to **Hanging - suicide**
Due to **164a**

9. Birthplace **Falls City Nebraska** (City or town) (State or foreign country)
Usual occupation **farmer**

Other conditions (include pregnancy within 3 months of death)
Major findings: Of operations **Cranial Injunct**

11. Industry or business **David Lehmer**
12. Name **Louisville Kent.**
13. Birthplace **Mary Hansen** (City or town) (State or foreign country)
14. Maiden name **Germany**
15. Birthplace **Miss. Emma Lehmer** (City or town) (State or foreign country)

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify) **suicide**
(b) Date of occurrence **Aug 30, 1944**
(c) Where did injury occur? **Maryville, Nodaway Mo** (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? **In Hayloft of Barn** (Specify type of place) (e) Means of injury

16. (a) Informant **Maryville, Mo.**
(b) Address **burial**
(c) Place: burial or cremation **St. Mary's cemetery**

23. Signature **W.R. Jackson** (M. D. or other) **8-31-44**
Address **Maryville, Mo.** Date signed

17. (a) (Burial, cremation, or removal) **burial** (b) Date thereof **9-2-44** (Month) (Day) (Year)
(c) Place: burial or cremation **St. Mary's cemetery**
18. (a) Signature of funeral director **Price Funeral Home**
(b) Address **Maryville, Mo.**
19. (a) **Sept 7-2-44** (Date received local registrar) (b) **Miss Barber** (Registrar's signature)

1349 (Licensed Embalmer's Statement on Reverse Side)

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

MOTHER FATHER

Duration
PHYSICIAN
Underline the cause to which death should be charged statistically.

SEP 18 1944

OCT 9 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 Oliver M. Price

Licensed Embalmer No. 1822

P. O. Address Manville, 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.