S. No. 2
OM—2-43
v. 5-17-39
I X35697

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JAN 16 1945

Registration District No. 118

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 2157

Primary Registration District No. 5441

Registrar's No. 112

1. PLACE OF DEATH:
(a) County Gasconade
(b) City or town Bland Rural Third Creek Twp
(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 1 (Specify whether
In this community Life years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Mo. (b) County Gasconade
(c) City or town Bland - Rural Third Creek Twp
(If outside city or town limits, write "RURAL")
(d) Street No. 37 (If rural, give location) U
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Herman Ahrens
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 SINGLE
6. (b) Name of husband or wife
6. (c) Age of husband or wife if alive years

7. Birth date of deceased Aug. (Month) 26. (Day) 1880 (Year)

8. AGE: Years 64 Months 4 Days 3 If less than one day hr. min.

9. Birthplace Feuresville (City, town, or county) Mo (State or foreign country)
10. Usual occupation FARMER.
11. Industry or business FARM.

MOTHER FATHER
12. Name Henry Ahrens
13. Birthplace Hanover (City, town, or county) Germany (State or foreign country)
14. Maiden name Adelaide Puvogel
15. Birthplace Hanover (City, town, or county) Germany (State or foreign country)

16. (a) Informant Ed. Heseman
(b) Address Bland, Mo.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 1-1-45 (Month) (Day) (Year)
(c) Place: burial or cremation Feuersville, Mo
18. (a) Signature of funeral director Jaseman Funeral Service
(b) Address Bland Mo
19. (a) Jan. 6, 1945 (Date received local registrar) (b) Myrtle M. Wenkel (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec. day 29
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	
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
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) Accident 037
(b) Date of occurrence 12/29/44
(c) Where did injury occur? (City or town) Gasconade (County) Mo (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place?
On farm (Specify type of place)
While at work? Yes (e) Means of injury Pinned under falling tree

23. Signature W. C. Jeter, Coroner M. D. or other
Address Hermann, Mo 2 Date signed 12-29-44

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 9

District File Number.....

Date Filed 1-11-45

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.....

me, Registered Apprentice No.....

working under my personal supervision.

Signed Robert M Murray

Licensed Embalmer No. 3749

P. O. Address Owensville, 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.