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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED FEB 16 1945

Registration District No. 210

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 6659

Primary Registration District No. 5768

Registrar's No. 4

1. PLACE OF DEATH:

(a) County Mercer

(b) City or town Rural Harrison 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 (Specify whether
In this community 26 years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Mercer 65

(c) City or town Rural 0
(If outside city or town limits, write "RURAL")

(d) Street No. 4 mi. S. E. of Cainsville
(If rural, give location)

(e) Citizen of foreign country? No 0 (Yes or No)

If yes, name country

3. (a) PRINT FULL NAME Henry Charles Lahs

3. (b) If veteran, name war None

3. (c) Social Security No. None

4. Sex Male 0

5. Color or race White

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

6. (b) Name of husband or wife Bernice Lahs

6. (c) Age of husband or wife if alive 45 years

7. Birth date of deceased January (Month) 28 (Day) 1880 (Year)

8. AGE:

Years	Months	Days	If less than one day
65	No	5	hr. min.

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

10. Usual occupation Farmer

11. Industry or business

FATHER
12. Name John Lahs
13. Birthplace (City, town, or county) Germany 4 (State or foreign country)

MOTHER
14. Maiden name Wiebka Thames
15. Birthplace (City, town, or county) Germany 4 (State or foreign country)

16. (a) Informant Bernice Lahs
(b) Address Cainsville, Missouri.

17. (a) Removal (Burial, cremation, or removal) (b) Date thereof Jan. (Month) 5 (Day) 1945 (Year)
(c) Place: burial or cremation Redding Cemetery
Redding Iowa

18. (a) Signature of funeral director [signature]
(b) Address Cainsville, Missouri

19. (a) 2-3-45 (Date received local registrar) (b) Evan Martin (Registrar's signature)

MEDICAL CERTIFICATION

20. **DATE OF DEATH:** Month January day 3rd year 1945 hour 2 minute 30 A M.

21. I hereby certify that I attended the deceased from Sept 15, 1942, to Dec 23, 1944; that I last saw him alive on Dec 23, 1944; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Coronary Sclerosis Angina Pectoris	
Due to General Arteriosclerosis	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations 94	
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 0

23. Signature [signature] (M. D. or other)

Address Cainsville Mo. Date signed 1/3/45

1367

(Licensed Embalmer's Statement on Reverse Side)

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~~

Eddie J. Stoklasa, Registered Apprentice No. _____,

working under my personal supervision.

Signed: E. J. Stoklasa

Licensed Embalmer No: 3602

P. O. Address: Cainsville, Missouri.

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.