

FILED JUN 1 1945
1949

Registration District No. _____ Primary Registration District No. **1002** Registrar's No. **2094**

1. PLACE OF DEATH:
(a) County **Jackson**
(b) City or town **Jackson City Mo.**
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
St. Luke's Hosp.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution **5-2-45 - 5-13-45**
(Specify whether years, months or days) **see above**

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

3. (a) PRINT FULL NAME **Lee H. Ahrens**
3. (b) If veteran, name war **no.** 3. (c) Social Security No. **7444**

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month **May** day **13** year **1945** hour **18:30** minute **4** M.
21. I hereby certify that I attended the deceased from **5-2** 19 **45** to **May 13** 19 **45**
that I last saw him alive on **May 13** 19 **45**
and that death occurred on the date and hour stated above.

4. Sex **Male** 5. Color or race **W** 6. (a) Single, widowed, married, divorced **marrie**
6. (b) Name of husband or wife **Louise** 6. (c) Age of husband or wife if alive **27** years **1918**
7. Birth date of deceased **May 13 1918**
(Month) (Day) (Year)

Immediate cause of death **Congestive heart failure**
Due to **hypertension; aortic regurgitation; auricular fibrillation**
Other conditions (include pregnancy within 3 months of death)
Major findings: Of operations **92 a**
Of autopsy **None**

8. AGE: Years **63** Months **8** Days **16** If less than one day hr. min.
9. Birthplace **Jules Kans**
(City, town, or county) (State or foreign country)
10. Usual occupation **Retired Merchant**

MOTHER FATHER
11. Industry or business _____
12. Name **Shedra Ahrens**
13. Birthplace **Indiana Prichard**
(City, town, or county) (State or foreign country)
14. Maiden name **Joseph Hailer**
15. Birthplace **Ind. Mo**
(City, town, or county) (State or foreign country)

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? _____
While at work? _____ (Specify type of place) (e) Means of injury _____

16. (a) Informant **Dominic W. Ahrens**
(b) Address **Paula Kans**
17. (a) **Reinusal** (b) Date thereof **5-15-45**
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation **Paula KS**
18. (a) Signature of funeral director **Ray Wilson**
(b) Address **Jules Kans**
19. (a) **5-13-45** (b) **Gerardine Holms**
(Date received local registrar) (Registrar's signature)

23. Signature **Marye P. Jones** (M. D. ~~certified~~)
Address **St. Luke's Hosp.** Date signed **5-13-45**

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

8335

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 Ray Wilson
Ray Wilson Registered Apprentice No. _____
working under my personal supervision.

Signed Ray Wilson
Licensed Embalmer No. 1318
P. O. Address Toola, Kans.

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.