

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

28612

State File No.

Registrar's No.

Registration District No.

Primary Registration District No.

1. PLACE OF DEATH:

(a) County Saline
(b) City or town Marshall Twp
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution Mo. State School 2
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 11 yrs - 28 days
(Specify whether years, months or days)

3. (a) PRINT FULL NAME LAWRENCE GLENN DEITMARING

3. (b) If veteran, name war — 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 Oct 6 - 1903
(Month) (Day) (Year)

8. AGE: Years 41 Months 9 Days 27 If less than one day hr. min.

9. Birthplace Beaman - Mo.
(City, town, or county) (State or foreign country)

10. Usual occupation none

11. Industry or business none

12. Name Joe Deitmaring

13. Birthplace Conington - Ark - 1
(City, town, or county) (State or foreign country)

14. Maiden name Neubach

15. Birthplace Boonville - Mo
(City, town, or county) (State or foreign country)

16. (a) Informant Records, Mo. State School

(b) Address Marshall - Mo

17. (a) Burial (b) Date thereof 8-5-1945
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Union Cemetery Pettis Co Mo

18. (a) Signature of funeral director Harry Hersberger

(b) Address Marshall Mo

19. (a) 8-3-45 (b) Miss Deitmaring
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Pettis
(c) City or town Beaman
(If outside city or town limits, write "RURAL")
(d) Street No. R.F.D. - 3
(If rural, give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug day 3
year 1945 hour 12 minute 10 A - M.

21. I hereby certify that I attended the deceased from Aug 2 - 1945 to Aug 3, 1945.
that I last saw him alive on Aug 2 - 1945
and that death occurred on the date and hour stated above.

Immediate cause of death Labor pneumonia
Duration about 3 days

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)
(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

23. Signature R. O. Kelly (M. D. or other)

Address Marshall - Mo Date signed 8/3/45

(Licensed Embalmer's Statement on Reverse Side)

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

1215

RECEIVED

District Health Officer No. 8,

District File Number

Date Filed

9-8-45

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

Registered Apprentice No.

working under my personal supervision.

Signed

Harry Hershberger

Licensed Embalmer No.

4357

P. O. Address

Marshall, 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.