

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI

FILED JUN 13 1946

STANDARD CERTIFICATE OF DEATH

State File No. 15982

Registration District No. 52

Primary Registration District No. 4076

Registrar's No. 53

1. PLACE OF DEATH:

(a) County Cape Girardeau
(b) City or town Gordonville
(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 Entire Life
years, months or days

3. (a) PRINT FULL NAME

JOHN HENRY AHRENS

3. (b) If veteran,
name war _____

3. (c) Social Security
No. _____

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Martha Henney Ahrens 6. (c) Age of husband or wife if alive 84 years

7. Birth date of deceased Jan 5, 1861
(Month) (Day) (Year)

8. AGE: Years 85 Months 4 Days 7 If less than one day
hr. _____ min. _____

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

10. Usual occupation Farming

11. Industry or business

12. Name Henry P. Ahrens 13. Birthplace Germany
(City, town, or county) (State or foreign country)

14. Maiden name Christina Miller 15. Birthplace Germany
(City, town, or county) (State or foreign country)

16. (a) Informant Alta C. Kishine (b) Address Gordonville Mo.

17. (a) Burial (b) Date thereof May 14
(Burial, cremation, or removal) (Month) (Day) (Year)

(a) Place: burial or cremation Zion Metho Cemetery

18. (a) Signature of funeral director A. J. Miller (b) Address Jackson

19. (a) 5-13-46 (b) H. F. Luber
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Cape Girardeau
(c) City or town Gordonville
(If outside city or town limits, write "RURAL")

(d) Street No. _____ (If rural, give location)

(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 12
year 1946 hour 13 minute 30 A.M.

21. I hereby certify that I attended the deceased from Nov. 1 - 1945 to May 11 - 1946
that I last saw him alive on May 11 - 1946
and that death occurred on the date and hour stated above.

Immediate cause of death Ulcers of Bladder with Hematuria
Due to _____
Due to _____

Other conditions.
(Include pregnancy within 3 months of death)

Major findings:
Of operations _____
Of autopsy _____

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 W. B. Ford (M. D. or other) _____
Address Gordonville, Mo. Date signed May 13 - 1946

Duration

14 mo. 12 da.

PHYSICIAN

Underline the cause to which death should be charged statistically.

RECEIVED

District Health Officer No. 4
District File Number 646-2263
Date Filed 6-13-46

JUN 18 1946

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 J. C. Graham

Licensed Embalmer No. 4610

P. O. Address Edinville, 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.