

S. No. 2  
7-8-43  
5-17-39  
P-1 X37823

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 17085

**FILED** JUN 10 1946

Registration District No. 164

Primary Registration District No. 3032

Registrar's No. 49

1. PLACE OF DEATH:

(a) County Johnson  
(b) City or town Warrensburg, MO.  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
618 - none Shotwell St. /  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution no (Specify whether  
In this community 45yrs  
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Johnson  
(c) City or town Warrensburg  
(If outside city or town limits, write "RURAL")  
(d) Street No. 618 Shotwell  
(If rural, give location)  
(e) Citizen of foreign country? no (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME Emelie Bertha Lehnert.

3. (b) If veteran, name war no 3. (c) Social Security No. no

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

6. (b) Name of husband or wife Ernst Lehnert 6. (c) Age of husband or wife if alive deceased

7. Birth date of deceased Feb. 2, 1862.  
(Month) (Day) (Year)

8. AGE: Years 84 Months 2 Days 28 If less than one day hr. min.

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

10. Usual occupation \_\_\_\_\_

11. Industry or business house keeper

12. Name Gottleid Hansch.

13. Birthplace unknown Germany  
(City, town, or county) (State or foreign country)

14. Maiden name unknown

15. Birthplace unknown Germany  
(City, town, or county) (State or foreign country)

16. (a) Informant Henry Lehnert  
(b) Address Warrensburg, Mo.

17. (a) burial (b) Date thereof May. 7, 46.  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Sunset Hill Cem.

18. (a) Signature of funeral director Sweeney Phillips.

(b) Address Warrensburg, Mo.

19. (a) May 8, 1946 (b) Savannah Crestfield  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 3  
year 1946 hour 11 minute 45 P. M.

21. I hereby certify that I attended the deceased from 1945  
to May 3-46, 19\_\_\_\_; that I last saw him alive on May 2-46, 19\_\_\_\_;  
and that death occurred on the date and hour stated above.

Immediate cause of death coronary thrombosis sudden.

Due to coronary arteriosclerosis

Due to senility

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 0

23. Signature R. F. McKinney (M. D. or other)  
Address Warrensburg, Mo. Date signed 5-8-46

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

1000

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**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..... *P. Q. Phillips.*

Licensed Embalmer No. *23120*

P. O. Address. *Warrensburg.*

**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.**