

FILED JUN 6 1946

Registration District No. 311

Primary Registration District No. 2055

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

1. PLACE OF DEATH

(a) County St Clair

(b) City or town Rockwell  
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: Farm Paper Shop  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution \_\_\_\_\_  
(Specify whether years, months or days)

In this community 8 yrs

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St Clair

(c) City or town Rural  
(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 \_\_\_\_\_

3. (a) PRINT FULL NAME Russer, Erwood, LERGE

3. (b) If veteran, name war None

3. (c) Social Security No. None

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 17  
year 1946 hour 2 minute 30 P.M.

21. I hereby certify that I attended the deceased from \_\_\_\_\_, 19\_\_\_\_, to \_\_\_\_\_, 19\_\_\_\_;

4. Sex Male 5. Color or race White

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

6. (b) Name of husband or wife Anna Weathers

6. (c) Age of husband or wife if alive 55 years

7. Birth date of deceased Aug 4 1898  
(Month) (Day) (Year)

8. AGE: Years 47 Months 9 Days 8  
If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

that I last saw him alive on Dead, 19\_\_\_\_, and that death occurred on the date and hour stated above.

Immediate cause of death suicide  
gun shot wound through the mouth

Due to No sign of violence

Due to \_\_\_\_\_

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

10. Usual occupation Farmer

Other conditions (Include pregnancy within 3 months of death) \_\_\_\_\_

Major findings: Of operations \_\_\_\_\_

Of autopsy 16

MOTHER FATHER

11. Industry or business \_\_\_\_\_

12. Name August Lergel

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

14. Maiden name Mary Harper

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

16. (a) Informant Anna Lergel

(b) Address 913 West 308-K.C. MO

17. (a) Burial (b) Date thereof May 14-1946  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Kansas ch. 506

18. (a) Signature of funeral director Baruk

(b) Address App. City MO

19. (a) May 14-46 (b) Mrs. Olo Kibrey  
(Date received local registrar) (Registrar's signature)

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) Suicide

(b) Date of occurrence 5/12-1946

(c) Where did injury occur? Rockwell St Clair MO  
(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 gun

23. Signature Jesse B. ... (M.D. or other)  
Address Rockwell MO Date signed 5/17/46

65121 MAY

RECEIVED

Director of Health Officer No. 7,

Case No. 5-46-527

Date Filed 6-5-46

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 me

on the 13<sup>th</sup> day of May 1946, Registered Apprentice No. \_\_\_\_\_,  
working under my personal supervision.

Signed Frank Lee

Licensed Embalmer No. 1099

P. O. Address Appleton City, 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.