. No. 2
—8-43
5-17-39
I X37823

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JUL 11 1946

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 22522

Registration District No. 362 Primary Registration District No. 6234 Registrar's No. 61

1. PLACE OF DEATH:
(a) County Warren
(b) City or town Rural (Elkhorn twnsp.)
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Warren County Farm 5
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 4 months (Specify whether years, months or days)
In this community

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Warren 109
(c) City or town Rural 0
(If outside city or town limits, write "RURAL")
(d) Street No. 0
(If rural, give location)
(e) Citizen of foreign country? unknown 0 (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Gus Lend
3. (b) If veteran, name war
3. (c) Social Security No.
4. Sex male 0
5. Color or race white
6. (a) Single, widowed, married, divorced unknown
6. (b) Name of husband or wife
6. (c) Age of husband or wife if alive years
7. Birth date of deceased Jan. 30, 1868 (Month) (Day) (Year)

8. AGE: Years 78 Months 4 Days 26 If less than one day hr. min.

9. Birthplace (City, town, or county) Sweden 11 (State or foreign country)
10. Usual occupation 1
11. Industry or business

FATHER
12. Name unknown
13. Birthplace unknown (City, town, or county) 9 (State or foreign country)

MOTHER
14. Maiden name unknown
15. Birthplace unknown (City, town, or county) 0 (State or foreign country)

16. (a) Informant Mr. Julius Jaspering 1
(b) Address R.F.D. Wright City, Mo.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 6-26-46 (Month) (Day) (Year)
(c) Place: burial or cremation County Farm Cemetery Warren County, Mo.
18. (a) Signature of funeral director F.W. Nieburg & Co.
(b) Address Warrenton, Mo.
19. (a) June 27, 1946 (Date received local registrar) (b) Mrs. Gladys Lattmann (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 26 year 1946 hour 12:15 minute P. M.
21. I hereby certify that I attended the deceased from March 23 1946 to June 26 1946 that I last saw him alive on June 26 1946 and that death occurred on the date and hour stated above.

Immediate cause of death Chronic Myocarditis and Nephritis — Duration 3 Mos. or More
Due to
Due to
Other conditions Gramition
(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

ADDITIONAL SUPPLEMENTARY INFORMATION

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? (Specify type of place)
While at work? (e) Means of injury 0

23. Signature John H. Dyer (M. D. or other)
Address Warrenton, Mo. Date signed 6-27-46

283

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 9,
District File Number.....
Date Filed 7-9-46

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was NOT embalmed ~~by me, or by~~.....
....., Registered Apprentice No.....,
working under my personal supervision.

Signed John Thaling
Licensed Embalmer No. 3897
P. O. Address Warrenton, Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply wit the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.

No. 2B
—3-45
I X43880

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. July
Registrar's No. 61 J

Registration District No. 362
Primary Registration District No. 6234

1. PLACE OF DEATH:
(a) County Warren
(b) City or town Rural
(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 years, months or days)
In this community

2. USUAL RESIDENCE OF DECEASED:
(a) State (b) County
(c) City or town (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 Gus Lend
3. (b) If veteran, name war
3. (c) Social Security No.
4. Sex M
5. Color or race W
6. (a) Single, widowed, married, divorced unk
6. (b) Name of husband or wife
6. (c) Age of husband or wife if alive
7. Birth date of deceased Jan 30 (Month) (Day) (Year)
8. AGE: Years 78 Months 4 Days 6 If less than one day hr. min.
9. Birthplace (City, town, or county) Sweden (State or foreign country)
10. Usual occupation
11. Industry or business
MOTHER FATHER
12. Name
13. Birthplace (City, town, or county) (State or foreign country)
14. Maiden name
15. Birthplace (City, town, or county) (State or foreign country)
16. (a) Informant
(b) Address
17. (a) (Burial, cremation, or removal) (b) Date thereof (Month) (Day) (Year)
(c) Place: burial or cremation
18. (a) Signature of funeral director
(b) Address
19. (a) (Date received local registrar) (b) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June 6 year 1946 hour minute M.
21. I hereby certify that I attended the deceased from , 19 to , 19 ;
that I last saw h alive on , 19 ;
and that death occurred on the date and hour stated above.
Immediate cause of death — Duration
Due to Chronic Nephritis Don't know
Due to
Other conditions (Include pregnancy within 3 months of death)
Major findings:
Of operations
Of autopsy

ADDITIONAL SUPPLEMENTARY INFORMATION REQUESTED

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? (Specify type of place)
While at work? (e) Means of injury
23. Signature John H. Dyer (M. D. or other)
Address Warrenton, Mo. Date signed July 1st, 46

SUPPLEMENTARY

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

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