

FILED AUG 27 1946  
Registration District No. 3

Primary Registration District No. 4273

Registrar's No. 10

1. PLACE OF DEATH:

(a) County LAFAYETTE  
(b) City or town CONCORDIA, MO  
(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 ALL HIS LIFE years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State MISSOURI (b) County LAFAYETTE  
(c) City or town CONCORDIA  
(If outside city or town limits, write "RURAL")  
(d) Street No. \_\_\_\_\_ (If rural, give location)  
(e) Citizen of foreign country? NO (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME BENJAMINE H. F. LUEBBERT

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

4. Sex MALE 5. Color or race WHITE 6. (a) Single, widowed, married, divorced MARRIED

6. (b) Name of husband or wife ANNA LUEBBERT 6. (c) Age of husband or wife if alive 59 years

7. Birth date of deceased JAN 11 1886  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
60 6 11 hr. min.

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

10. Usual occupation TRADER

11. Industry or business LIVE STOCK TRADER

12. Name WILLIAM LEWISBERT

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

14. Maiden name MARYN BRANDT

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

16. (a) Informant MRS. ANNA LUEBBERT

(b) Address CONCORDIA, MO

17. (a) BURIAL (b) Date thereof JULY 24 1946  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation FRANZISCHAL CEMETERY

18. (a) Signature of funeral director E. S. JAMES

(b) Address CONCORDIA, MO

19. (a) JULY 24 1946 (b) Mrs. Marion Bird  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 22  
year 1946 hour 8 minute 45 AM

21. I hereby certify that I attended the deceased from 1946  
1946 to July 22, 1946  
that I last saw him alive on July 27, 1946  
and that death occurred on the date and hour stated above.

Immediate cause of death Enlargement of heart  
with left heart failure  
vegetative with  
Due to apparent congestion  
of lungs  
Due to congestion of prostate  
gland  
Other conditions \_\_\_\_\_  
(Include pregnancy within 3 months of death)

Duration  
4 to 5 yrs  
1 yr  
8 weeks

Major findings:  
Of operations \_\_\_\_\_  
Of autopsy 518

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 2

23. Signature L. G. Gorman (M. D. or other) 100  
Address Concordia Mo. Date signed 7-24-46

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

4

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Order No. 8

8-24-46

**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

....., Registered Apprentice No. ....  
working under my personal supervision.

Signed E. S. James

Licensed Embalmer No. 205-8

P. O. Address Concordia, 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.