

S. No. 2
M-5-43
5-17-39
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DEPARTMENT OF COMMERCE THE STATE BOARD OF HEALTH OF MISSOURI
BUREAU OF THE CENSUS
FILED SEP 16 1946 STANDARD CERTIFICATE OF DEATH

29958

State File No.

Registrar's No. 27

Registration District No. 110

Primary Registration District No. 5425-

1. PLACE OF DEATH:
(a) County Franklin
(b) City or town Rural Beef
(c) Name of hospital or institution: 1
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution: _____
(Specify whether)
In this community 9 1/2 years, months or days

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Franklin
(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 AUGUST H AHRNSMEYER

3. (b) If veteran name was World War #1 3. (c) Social Security No. _____

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

6. (b) Name of husband or wife Lena Ahrensmeier 6. (c) Age of husband or wife if alive 49 years

7. Birth date of deceased July 22 1891
(Month) (Day) (Year)

8. AGE: Years 55 Months 1 Days 16 If less than one day: _____ hr. _____ min.

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

10. Usual occupation Farmer

11. Industry or business _____

12. Name Louis Ahrensmeier 13. Birthplace New Haven Mo
(City, town, or county) (State or foreign country)

14. Maiden name Louisa Spick 15. Birthplace New Haven Mo
(City, town, or county) (State or foreign country)

16. (a) Informant August Ahrensmeier (b) Address New Haven Mo

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 9-11-46
(Month) (Day) (Year)

18. (a) Signature of funeral director Benjamin L. Beck (b) Address New Haven Mo

19. (a) Sept 10-46 (Date received by registrar) (b) Jessie L. ... (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept day 7 year 1946 hour 10 minute 30 P M.

21. I hereby certify that I attended the deceased from November 1, 1943 to Sept 7, 1946 that I last saw him alive on Sept 2, 1946 and that death occurred on the date and hour stated above.

Immediate cause of death: Carcinoma of Rectum Southwestern

Due to _____
Due to 460

Other conditions: _____
(Include pregnancy within 3 months of death)

Major findings: Inoperable Carcinoma of Rectum - Permanent Colostomy
Of operations _____
Of autopsy none

Duration _____
PHYSICIAN _____
Underline 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 _____

23. Signature B.P. Eisenmann (M. D. or other) MD.
Address New Haven, Mo. Date signed 9/9/46

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

28754

RECEIVED
District Health Officer No. 9,
District File Number 9-46-110
Date Filed 9-13-46

SEP 27 1946
OCT 1 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 Earl Jester
Licensed Embalmer No. 3383
P. O. Address New Haven 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.