

No. 2
-8-43
5-17-39
X37823

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

33106

State File No. _____

Registration District No. 79

Primary Registration District No. 5302e

Registrar's No. 9

1. PLACE OF DEATH:

(a) County Cole
(b) City or town Rural Marion Township
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
Nearer Lohman, Mo.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____
(Specify whether
In this community Life
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Cole
(c) City or town Rural
(If outside city or town limits, write "RURAL")
(d) Street No. Nearer Lohman, Mo.
(If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

3. (a) PRINT FULL NAME Henry J. Kirchner
3. (b) If veteran, name war no 3. (c) Social Security No. _____

20. DATE OF DEATH: Month Oct day 21
1946 hour 10 minute AM

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced, widowed
6. (b) Name of husband or wife Anne Marie 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased April 18, 1955
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from Sept 17 1946 to Oct 21 1946
that I last saw him alive on Oct 18 1946
and that death occurred on the date and hour stated above.

Immediate cause of death Cancer of face
Radical Mast.
Duration 2 years
8 weeks

8. AGE:	Years	Months	Days	If less than one day
	<u>91</u>	<u>6</u>	<u>3</u>	hr. _____ min. _____

Due to _____
Due to _____

9. Birthplace Franklin, Lee Co. Iowa
(City, town, or county) (State or foreign country)

10. Usual occupation Farmer

11. Industry or business _____

12. Name John Kirchner
13. Birthplace Germany
(City, town, or county) (State or foreign country)
14. Maiden name Margaret Roehelman
15. Birthplace Germany
(City, town, or county) (State or foreign country)

16. (a) Informant August Kirchner

(b) Address Lohman, Mo. RFD1

17. (a) Burial (b) Date thereof 10/23/46
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Stringtown, Mo.

18. (a) Signature of funeral director Vito Bieschke

(b) Address Jefferson City, Mo.

19. (a) Oct. 23/46 (b) Mrs. Minnie Dettenmeier
(Date received local registrar) (Registrar's signature)

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

Major findings: Of operations 53

Of autopsy _____

22. If death was due to external causes, fill in the following:

(c) 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) (c) Means of injury 2

23. Signature Richard Werryford (M. D. or other) 2
Address _____ Date signed 10/24/46

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

MOTHER FATHER

RECEIVED
District Health Officer No. 9,
District File Number
Date Filed 11/4/46

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.....

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

Signed *Victor Buescher*

Licensed Embalmer No. 3701

P. O. Address Jefferson 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.