S. No. 2
OM—2-43
v. 5-17-39
X35697

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

32899

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED OCT 22 1946

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

34072

State File No.

Registration District No. 179 Primary Registration District No. 5667 Registrar's No. 54

1. PLACE OF DEATH:

(a) County LINCOLN

(b) City or town ~~TROY~~ ~~[illegible]~~ 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
In this community
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County LINCOLN 57

(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 William LANVERMEIER

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex MALE

5. Color or race White

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

6. (b) Name of husband or wife ELLEN LANVERMEIER

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

7. Birth date of deceased OCTOBER (Month) 6 (Day) 1867 (Year)

8. AGE: Years 79 Months 2 Days 6 If less than one day hr. min.

9. Birthplace ST CHARLES Co. (City, town, or county) Missouri (State or foreign country)

10. Usual occupation FARMER

11. Industry or business OWN FARM

FATHER
12. Name HENRY LANVERMEIER
13. Birthplace (City, town, or county) GERMANY (State or foreign country)

MOTHER
14. Maiden name ELIZABETH HOSTMEYER
15. Birthplace (City, town, or county) GERMANY (State or foreign country)

16. (a) Informant Mrs ELLEN LANVERMEIER
(b) Address TROY, MO

17. (a) BURIAL (Burial, cremation, or removal) (b) Date thereof OCT 12 46 (Month) (Day) (Year)
(c) Place: burial or cremation Sulphur Lick Cem. Lin. Co Mo

18. (a) Signature of funeral director Kemper Funeral Home
(b) Address Troy, Missouri

19. (a) 10-12-46 (Date received local registrar) (b) Mrs. Emma B. Riddle (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month OCT day 12 year 1946 hour 11 minute 45 A.M.

21. I hereby certify that I attended the deceased from 9/21, 1946, to 10/12, 1946 that I last saw him alive on 10/5-1946, 19..; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Coronary thrombosis	
Due to Arteriosclerosis	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations	
Of autopsy	

94A

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 J. G. Hoeger (M. D. or other) Sd. D.
Address J. Whiteside Mo. Date signed 10/12-46

162

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 9,
District Fil. Number
Date Filed 10-21-46

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 Joseph J. Marsh

Licensed Embalmer No. 3932

P. O. Address Troy, Missouri

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.