

S. No. 2
M-5-43
5-17-39
I X36671

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED JAN 24 1947

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

62

State File No. _____

Registration District No. 7

Primary Registration District No. 4020

Registrar's No. _____

1. PLACE OF DEATH:

(a) County Audrain
(b) City or town Martinsburg Mo.
(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 65 years. (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Audrain
(c) City or town Martinsburg Mo.
(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 Liborius Ahrens.

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 Married
6. (b) Name of husband or wife Magdland Ahrens 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased Oct. 7th 1866
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
80 3 7 _____ hr. _____ min.

9. Birthplace Loose Creek Mo.
(City, town, or county) (State or foreign country)

10. Usual occupation Stockman

11. Industry or business Farming

MOTHER FATHER { 12. Name Henry Ahrens 4
13. Birthplace Germany (City, town, or county) (State or foreign country)
14. Maiden name Elizabeth Sandbothe
15. Birthplace Germany (City, town, or county) (State or foreign country)

16. (a) Informant Joe Ahrens

(b) Address Martinsburg Mo.

17. (a) Burial (b) Date thereof Jan 16-1947
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Martinsburg Mo.

18. (a) Signature of funeral director K.B. Wells

(b) Address Wellsville Mo.

19. (a) Jan. 17-47 (b) Mrs. Joe Carter
(Data received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan day 14th
year 1947 hour 6 minute _____ A. M.

21. I hereby certify that I attended the deceased from 7-16 1946 to Jan 14 1947
and that death occurred on the date and hour stated above Jan 13 1947
that I last saw him alive on _____

Immediate cause of death Myocarditis and Myocardial degeneration
Duration 12 hrs

Due to _____

Due to _____

Other conditions (Include pregnancy within 3 months of death) 93D

Major findings: Of operations _____

Of autopsy _____

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) Means of injury _____

23. Signature J. J. [Signature] (M. D. or other) 0
Address Wellsville Mo Date signed 1-15-47

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

459

MAY 16 1947

REC'D 19
District Health Officer No. 10
District File Number 47-470-
Date Filed JAN 23 1947

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 *M. Hopkins*

Licensed Embalmer No. *1487*

P. O. Address *Montgomery City*

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.