

**FILED SEP 4 1947**

Registration District No. **363**

Primary Registration District No. **6736**

Registrar's No. **11**

**1. PLACE OF DEATH:**

(a) County **Warren**  
(b) City or town **Rural - Charrette**  
(If outside city or town limits, write "RURAL" and name of township)  
(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 **33 years** (Specify whether years, months or days)  
In this community **33 years**

**2. USUAL RESIDENCE OF DECEASED:**

(a) State **Missouri** (b) County **Warren**  
(c) City or town **Rural**  
(If outside city or town limits, write "RURAL")  
(d) Street No. **2 mi. south, Dutzow, Mo.**  
(If rural, give location)  
(e) Citizen of foreign country? **No** (Yes or No)  
If yes, name country

**MEDICAL CERTIFICATION**

20. DATE OF DEATH: Month **Aug** day **17**  
year **47** hour **1** minute **40** P.M.  
21. I hereby certify that I attended the deceased from **Aug 17**  
**1947** to **Aug 17** 19**47**  
that I last saw him alive on **Aug 17** 19**47**  
and that death occurred on the date and hour stated above.

Immediate cause of death **Cerebral**  
**arteriosclerosis**  
Due to **arteriosclerosis**

Duration

Other conditions (Include pregnancy within 3 months of death)  
Major findings:  
Of operations  
Of autopsy **947**

**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 **0**

23. Signature **[Signature]** (M. D. or other) **M.D.**  
Address **Washington, Mo.** Date signed **8-19-47**

3. (a) PRINT FULL NAME **Charles Edward Ehlenbeck**

3. (b) If veteran, name war **None** 3. (c) Social Security No. **None**

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

6. (b) Name of husband or wife **Agnes Ehlenbeck** 6. (c) Age of husband or wife if alive **74** years

7. Birth date of deceased **August 6 1871**  
(Month) (Day) (Year)

8. AGE: Years **76** Months **0** Days **11**  
If less than one day hr. min.

9. Birthplace **Washington Missouri**  
(City, town, or county) (State or foreign country)

10. Usual occupation **Farmer**

11. Industry or business

12. Name **Friderich L. Ehaenbeck**

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

14. Maiden name **Catherine Mendel**

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

16. (a) Informant **Fred Ehlenbeck**  
(b) Address **Marthasville, Mo.**

17. (a) **Burial** (b) Date thereof **Aug. 20-1947**  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Dutzow, Mo.**

18. (a) Signature of funeral director **[Signature]**  
(b) Address **Marthasville, Mo.**

19. (a) **Aug 19/47** (b) **[Signature]**  
(Date received local registrar) (Registrar's signature)

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

9  
8

RECEIVED  
District Health Officer No. 9,  
District File Number 9-2-47  
Date Filed

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 Delmont F. Lichtenberg

Licensed Embalmer No. 4318

P. O. Address Mathasville, 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.