

Registration District No. 175

Primary Registration District No. 4187

Registrar's No.

1. PLACE OF DEATH:

(a) County Franklin

(b) City or town Union mo.
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution 3
(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 Franklin ³⁶

(c) City or town Union ⁵
(If outside city or town limits, write "RURAL")

(d) Street No. 402 South Oak St. ¹
(If rural, give location)

(e) Citizen of foreign country? _____ (Yes or No) ⁰
If yes, name country _____

3. (a) PRINT FULL NAME Joseph Herman Lenau

3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month October day 9th
year 1947 hour 7 minute _____ P.M.

21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____;
that I last saw him _____ alive on _____, 19____,
and that death occurred on the date and hour stated above.

4. Sex male 5. Color or race white 6. (a) Single, widowed, married, divorced single

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

7. Birth date of deceased July 7th 1885
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>62</u>	<u>3</u>	<u>2</u>	_____ hr. _____ min.

Immediate cause of death being hit by car on Highway #50 about 1/2 mile west of Union mo.

Due to _____

Due to _____

9. Birthplace Union mo. ⁶
(City, town, or county) (State or foreign country)

10. Usual occupation Retired Farmer

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

Major findings: NO

Of operations _____

Of autopsy _____

PHYSICIAN _____

Underline the cause to which death should be charged statistically.

MOTHER FATHER

11. Industry or business _____

12. Name Herman Lenau

13. Birthplace Miss mo ⁰
(City, town, or county) (State or foreign country)

14. Maiden name Mary Burkey

15. Birthplace Miss mo ⁰
(City, town, or county) (State or foreign country)

16. (a) Informant Rose Lenau

(b) Address Union mo

17. (a) Burial (b) Date thereof 10/13/1947
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Emanuel Conception

18. (a) Signature of funeral director E. F. Altman

(b) Address Union mo

19. (a) Oct 11-1947 (b) F. T. Cooper etc
(Date received local registrar) (Registrar's signature) ⁰⁰

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

(a) Accident, suicide, or homicide (specify) accident ³⁶

(b) Date of occurrence 10/9/1947

(c) Where did injury occur? Union Franklin mo.
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place?
Public Highway #50
(Specify type of place) (e) Means of injury accident

While at work? _____

23. Signature E. F. Altman ⁰⁰
(M.D. or other) ³

Address Union mo. Date signed _____

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

Date Filed.....
OCT 18 1947

District File Number.....

District Health Officer No. 9,

RECEIVED

AUG 30 1954

AUG 28 1954

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..... *E. F. Olthmann*

Licensed Embalmer No. *1686*

P. O. Address *Union, 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.