V. S. No. 2
00M—8-43
v. 5-17-39
I X37023

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

14
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED JAN 17 1948

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 413

Registration District No. 41 Primary Registration District No. 3008 Registrar's No. 5

1. PLACE OF DEATH:

(a) County Callaway
(b) City or town Fulton
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: State Hosp. # 1 2
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution since Nov 14-1947 (Specify whether
In this community years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Marion 14
(c) City or town Palmyra 1
(If outside city or town limits, write "RURAL")
(d) Street No. 2
(If rural, give location) 0
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Ernest Lehenbauer
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 wid 2
6. (b) Name of husband or wife
6. (c) Age of husband or wife if alive years
7. Birth date of deceased Nov (Month) 30 (Day) 1872 (Year)

8. AGE: Years	Months	Days	If less than one day
75	1	3	hr. min.

9. Birthplace Marion Co. (City, town, or county) Mo. (State or foreign country) U
10. Usual occupation Farmer
11. Industry or business
FATHER
12. Name Frederick Lehenbauer
13. Birthplace Germany (City, town, or county) (State or foreign country)
MOTHER
14. Maiden name Marie Hollard
15. Birthplace Germany (City, town, or county) (State or foreign country)
16. (a) Informant Hosp. Mo.
(b) Address
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Jan 6, 1948 (Month) (Day) (Year)
(c) Place: burial or cremation Palmyra
18. (a) Signature of funeral director Glenn Y. Mayson
(b) Address 712 Court Fulton, Mo.
19. (a) Jan-6-48 (Date received local registrar) (b) Josie Morsinkluff (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan 0 day 3
year 1948 hour 11 30 minute P. M.
21. I hereby certify that I attended the deceased from Nov 14, 1947 to Jan 3, 1948
that I last saw him alive on Jan 3, 1948
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Bronchopneumonia	5 days
Due to	
Due to	
Other conditions Generalized arteriosclerosis (Include pregnancy within 3 months of death) Senile Psychosis	

107

Major findings:
Of operations none
Of autopsy none

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 P. S. Tate (M. D. or other)
Address State Hosp. # 1 Fulton Date signed 1-4-48

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No.
District Registrar
Date Filed 1/15/48

JAN 22 1948

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 Glen Y. Maupin

Licensed Embalmer No. 2725

P. O. Address Fulton, 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.