No. 2
-8-43
-17-39
X37823

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED MAY 10 1948

Registration District No. 23

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 5099

State File No. 11470

Registrar's No.

1. PLACE OF DEATH:

(a) County: Bates

(b) City or town: Rural Walnut Township
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: Route 1 Hume, Missouri
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution ____ (Specify whether years, months or days)
In this community ____

2. USUAL RESIDENCE OF DECEASED:

(a) State: Missouri (b) County: Bates

(c) City or town: Rural
(If outside city or town limits, write "RURAL")

(d) Street No.: Rt. 1 Hume, Missouri
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No)

If yes, name country ____

3. (a) PRINT FULL NAME: Herman Joseph Leihsing

3. (b) If veteran, name war ____

3. (c) Social Security No. X

4. Sex: Male

5. Color or race: White

6. (a) Single, widowed, married, divorced: Married

6. (b) Name of husband or wife: Julie Leihsing

6. (c) Age of husband or wife if alive: 45 years

7. Birth date of deceased: April (Month) 18 (Day) 1882 (Year)

8. AGE: Years 66 | Months - | Days - | If less than one day - hr. - min.

9. Birthplace: Nebraska
(City, town, or county) (State or foreign country)

10. Usual occupation: Farmer

11. Industry or business ____

MOTHER FATHER

12. Name: John Leihsing

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

14. Maiden name: Mary Decker

15. Birthplace: Holland
(City, town, or county) (State or foreign country)

16. (a) Informant: Julie Leihsing

(b) Address: Rt. 1 Hume, Missouri

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: 4-20-48 (Month) (Day) (Year)

(c) Place: burial or cremation: Catholic cemetery Rich Hill Mo.

18. (a) Signature of funeral director: Culver Underwood

(b) Address: Butler Missouri

19. (a) Apr 30 48 (Date received local registrar) (b) Fern H. Martin (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 18 year 1948 hour 5 minute 30 p. M.

21. I hereby certify that I attended the deceased from Sept. 1 1947 to April 18 1948 that I last saw him alive on April 18 1948; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Metastatic carcinoma of both lungs.	
Due to:	
Due to:	
Other conditions (Include pregnancy within 3 months of death):	
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? ____ (Specify type of place)

While at work? ____ (e) Means of injury: 0

23. Signature: J. R. Shumway M. D. (M. D. or other)

Address: Pleasanton, Kansas Date signed: 4-22-1948

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 7
District File Number 4-48-47
Date Filed 5-7-48

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 Robert D. Steinbeck, Registered Apprentice No. 200 working under my personal supervision.

Signed John G. Underwood

Licensed Embalmer No. 3585

P. O. Address Butler 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.