

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 16831
Registrar's No. 22

FILED JUN 3 1948 174

Registration District No. 174

Primary Registration District No. 5644

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

1. PLACE OF DEATH:
(a) County Lafayette
(b) City or town Lexington
(If outside city or town limits, write "RURAL" and name of township)
Rural 1
(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

3. (a) PRINT FULL NAME HENRY H. Lichte
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 Widowed
6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased Dec. 26 1864
(Month) (Day) (Year)

8. AGE: Years 83 Months 2 Days 18 If less than one day _____ hr. _____ min.

9. Birthplace Warren Co Mo (City, town, or county) (State or foreign country)

10. Usual occupation Farmer

11. Industry or business _____

MOTHER FATHER { 12. Name Heiman Lichte
13. Birthplace Germany 4 (City, town, or county) (State or foreign country)
14. Maiden name Carolyne Anna Lichte
15. Birthplace Germany 4 (City, town, or county) (State or foreign country)

16. (a) Informant William Lichte

(b) Address Lexington Mo

17. (a) Burial (b) Date thereof 3/16/48
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Lexington Mo

18. (a) Signature of funeral director Samuel T. Temple

(b) Address Lexington Mo

19. (a) 3/15/48 (b) Missouri
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Lafayette
(c) City or town Lexington 54
(If outside city or town limits, write "RURAL")
(d) Street No. Rural 0
(If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No) 0
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH, Month Mar. day 14
year 1948 hour 3 minut 30 A. M.

21. I hereby certify that I attended the deceased from 7 Sept 46
_____, 19____, to 13 March, 1948

that I last saw him alive on 12 March 48, 19____;
and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral Thrombosis Duration _____

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? _____

While at work? _____ (Specify type of place) (e) Means of injury _____

23. Signature W. W. Ward (M. D. _____)

Address Lexington Mo Date signed 3/15/48

RECEIVED

District Health Officer No. 8,

District File Number

Date Filed 6-2-48

Ward

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

Geo. M. Kean

Licensed Embalmer No.

2983

P. O. Address

Leicester, 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.