

No. 2
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17-39
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED SEP 15 1948

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

25734

State File No. _____

Registration District No. 62

Primary Registration District No. 5238

Registrar's No. 26

1. PLACE OF DEATH:

(a) County Cedar

(b) City or town Rural - Jefferson Twp.
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: _____
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution _____ (Specify whether _____)

In this community 7 years
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Cedar ²⁰

(c) City or town Rural ⁰
(If outside city or town limits, write "RURAL")

(d) Street No. Jefferson Twp. ⁰
(If rural, give location)

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

If yes, name country _____

3. (a) PRINT FULL NAME Gottlieb J. Lehnherr

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 Married

6. (b) Name of husband or wife Luella Lehnherr 6. (c) Age of husband or wife if alive 66 years

7. Birth date of deceased April 24 1875
(Month) (Day) (Year)

8. AGE: Years 73 Months 4 Days 24 If less than one day hr. _____ min. _____

9. Birthplace Bern Switzerland
(City, town, or county) (State or foreign country)

10. Usual occupation Farmer

11. Industry or business _____

MOTHER FATHER

12. Name Lehnherr

13. Birthplace Bern Switzerland
(City, town, or county) (State or foreign country)

14. Maiden name Katharine Gurtner

15. Birthplace Bern Switzerland
(City, town, or county) (State or foreign country)

16. (a) Informant Luella Lehnherr
(b) Address Dunnegan, Mo.

17. (a) Burial (b) Date thereof Sept 9-1948
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Sabetha, Kansas

18. (a) Signature of funeral director W. H. Hummer
(b) Address Humanville, Mo.

19. (a) 9-9-48 (b) Geneva Garrison
(Date received local registrar) (Registrar's signature) 54

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept. day 7
year 1948 hour 7 minute 15 A.M.

21. I hereby certify that I attended the deceased from April 1948 to September 1948
that I last saw him alive on 8-30 1948
and that death occurred on the date and hour stated above.

Immediate cause of death Chronic myocarditis

Due to _____

Due to _____

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

Major findings: Of operations _____

Of autopsy _____

Duration _____

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 D

23. Signature G. G. Robinson (M. D. or other) M.D.
Address Humanville, Mo. Date signed 9/7/48

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

RECEIVED

District Health Officer No. 7,

District File Number 8-48-1020

Date Filed 9-7-48

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.....

....., Registered Apprentice No.

working under my personal supervision.

Signed.....

E. H. Pimm

Licensed Embalmer No. 4282

P. O. Address Humanville, Va

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.