No. 2
1/47
17-39

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

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 37254

FILED NOV 30 1948

Registration District No. 1409 — Primary Registration District No. 5669 — Registrar's No. 52

1. PLACE OF DEATH:

(a) County: Lincoln

(b) City or town: RFD (Hawk Point) 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 years, months or days) In this community: Life

2. USUAL RESIDENCE OF DECEASED:

(a) State: Missouri (b) County: Lincoln 52

(c) City or town: Rural (Hawk Point Twp) 3
(If outside city or town limits, write "RURAL")

(d) Street No. .....
(If rural, give location)

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

If yes, name country .....

3. (a) PRINT FULL NAME: Lewis Philip Lansche

3. (b) If veteran, name war: No

3. (c) Social Security No.: None

4. Sex: Male

5. Color or race: White

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

6. (b) Name of husband or wife: Jeanette Allen Lansche

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

7. Birth date of deceased: Feb. (Month) 1 (Day) 1882 (Year)

8. AGE: Years 66 | Months 9 | Days 21 | If less than one day ..... hr. ..... min.

9. Birthplace: Hawk Point (City, town, or county) Missouri (State or foreign country)

10. Usual occupation: Farmer & Ret. Carpenter

11. Industry or business: Own Farm

FATHER
12. Name: Lewis C. Lansche
13. Birthplace: Hawk Point (City, town, or county) Missouri (State or foreign country)

MOTHER
14. Maiden name: Catherine Ecstein
15. Birthplace: St Louis (City, town, or county) Missouri (State or foreign country)

16. (a) Informant: Mrs Jeanette Lansche
(b) Address: Hawk Point, Missouri

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: 11/24/48 (Month) (Day) (Year)
(c) Place: burial or cremation: Hawk Point Cem.

18. (a) Signature of funeral director: Kemper Funeral Home
(b) Address: Troy, Missouri.

19. (a) 11-26-48 (Date received local registrar) (b) Emma A. Riddle (Registrar's signature) 12

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month November day 21 year 1948 hour 12:00 minute P.M.

21. I hereby certify that I attended the deceased from 4-2- 1948, to 11-21- 1948 that I last saw him alive on 11-21- 1948 and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Chronic Myocarditis	
Chr. Cardio. Vascular-renal Disease	
Hypostatic Pneumonia	
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations
Of autopsy

PHYSICIAN — Underline the cause of 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: H. Wallingermann M.D. (M. D. or other)
Address: Warrenton Mo Date signed 11-23-48

Jefferson City Printing Co.

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 9,
District File Number
Date Filed NOV 29 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 Joseph J. Marsh

Licensed Embalmer No. 3932

P. O. Address Troy, Missouri

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.