

BIRTH NO. <u>47933-49</u>		REG. DIST. NO. <u>55</u>		PRIMARY REG. DIST. NO. <u>3011</u>		Registrar's No. <u>72</u>	
1. PLACE OF DEATH a. COUNTY <u>CARROLL</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>MISSOURI</u> b. COUNTY <u>LAFAYETTE</u>			
b. CITY OR TOWN <u>CARROLLTON</u>		c. LENGTH OF STAY (in this place)		c. CITY OR TOWN <u>LEXINGTON</u>		54	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>BALES Hosp. N</u>				d. STREET ADDRESS (If rural, give location) <u>RURAL</u>			
3. NAME OF DECEASED (Type or Print) <u>KENNETH FREDRICK</u>		a. (First)		b. (Middle)		c. (Last) <u>LICHTE</u>	
4. DATE OF DEATH <u>July 2 - 1949</u>		(Month)		(Day)		(Year)	
5. SEX <u>MALE</u>		6. COLOR OR RACE <u>WHITE</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>SINGLE</u>		8. DATE OF BIRTH <u>7/2/1949</u>	
9. AGE (to years last birthday) <u>13</u>		if under 1 year Months		if under 1 year Days		if under 1 year Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>NONE</u>		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) <u>CARROLLTON, MO</u>		12. CITIZEN OF WHAT COUNTRY?	
13a. FATHER'S NAME <u>HAROLD LICHT</u>		13b. MOTHER'S MAIDEN NAME <u>VERA ANN SOENCKER</u>		14. NAME OF HUSBAND OR WIFE <u>X</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.		17. INFORMANT'S SIGNATURE OR NAME <u>HAROLD LICHT</u> ADDRESS <u>LEX. MO</u>			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebral Hemorrhage</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____				INTERVAL BETWEEN ONSET AND DEATH <u>9710</u>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR			
22. I hereby certify that I attended the deceased from <u>July 2, 1949</u> , to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at _____ m., from the causes and on the date stated above.							
23a. SIGNATURE <u>Will Wardner</u> (Degree or title)				23b. ADDRESS <u>Lexington Mo</u>		23c. DATE SIGNED <u>7/3/49</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>REMOVAL</u>		24b. DATE <u>7/3/1949</u>		24c. NAME OF CEMETERY OR CREMATORY <u>MACHETAH</u>		24d. LOCATION (City, town, or county) (State) <u>LEXINGTON, MO</u>	
DATE REC'D BY LOCAL REG. <u>7/10/1949</u>		REGISTRAR'S SIGNATURE <u>Mr. Herbert Albert</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>FORREST F. TEMPEL</u>		ADDRESS <u>LEX MO</u>	

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

JUL 25

Wca

RECEIVED

District Health Officer No. 8,

District File Number _____

State Filed 2-27-49

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 _____

Student Embalmer No. _____

working under my personal supervision.

Signed Geo. J. Keane

Signed _____
Student Embalmer

Licensed Embalmer No. 2983

P. O. Address Bellevue, 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: