

FILED NOV 21 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **36408**

BIRTH NO. _____ REG. DIST. NO. 42 PRIMARY REG. DIST. NO. 1000 Registrar's No. 1236

1. PLACE OF DEATH a. COUNTY Buchanan		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.) a. STATE Kansas b. COUNTY Doniphan	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Joseph		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Rural, Washington	
c. LENGTH OF STAY (In this place) 11 da			
d. FULL NAME OF HOSPITAL OR INSTITUTION Mo. Methodist Hosp.		d. STREET ADDRESS (If rural, give location) RFD # 1, Wathena	

3. NAME OF DECEASED (Type or Print)	a. (First) Albert	b. (Middle) John	c. (Last) Lehman	4. DATE OF DEATH (Month) (Day) (Year) Nov. 7, 1949
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5. SEX M	6. COLOR OR RACE W	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) married	8. DATE OF BIRTH Oct. 4, 1889	9. AGE (In years last birthday) 60	IF UNDER 1 YEAR Months	IF UNDER 2 HRS. Days	Hours	Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer	10b. KIND OF BUSINESS OR INDUSTRY Agriculture	11. BIRTHPLACE (State or foreign country) Kansas	12. CITIZEN OF WHAT COUNTRY? USA
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13a. FATHER'S NAME John Albert Lehman	13b. MOTHER'S MAIDEN NAME Katharyn Meng	14. NAME OF HUSBAND OR WIFE Amelia G. Lehman
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No	16. SOCIAL SECURITY NO. no	17. INFORMANT'S SIGNATURE OR NAME Amelia Lehman	ADDRESS Wathena, Kan
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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, asphyxia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Pulmonary Embolism		few minutes
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Accident + to DUE TO (c) old malignancy of inguinal glands		3 wks
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			E9041 2 7/8

19a. DATE OF OPERATION None	19b. MAJOR FINDINGS OF OPERATION 0	20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
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21a. ACCIDENT SUICIDE HOMICIDE (Specify) Accident	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) farm	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) Doniphan Co., Kas.
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) Oct 15 49 P. m.	21e. INJURY OCCURRED WHILE AT WORK <input checked="" type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? fall over wire Kansas fence
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22. I hereby certify that I attended the deceased from **10-29** **1949** to **Nov. 7**, 1949, that I last saw the deceased alive on **Nov. 7**, 1949, and that death occurred at **10:15 AM** from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) Paul Forgrave M.D.	23b. ADDRESS St. Joseph, Mo.	23c. DATE SIGNED 11/7/49
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24a. BURIAL, CREMATION, REMOVAL (Specify) removal	24b. DATE 11/7/49	24c. NAME OF CEMETERY OR CREMATORY Dodds Funeral Home	24d. LOCATION (City, town, or county) (State) Wathena, Kansas
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DATE REC'D BY LOCAL REG. Nov. 16, 1949	REGISTRAR'S SIGNATURE G. B. Jenkins	25. FUNERAL DIRECTOR'S SIGNATURE John C. Anderson	ADDRESS Wathena, Kansas
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(Licensed Embalmer's Statement on Reverse Side)

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

NOV 21 1940
SEP 28 1954

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.

Student _____
Student Embalmer

Signed *John C. Anderson*
John C. Anderson

Licensed Embalmer No. 4760

P. O. Address Wathena, Kansas

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.