. S. No. 2
M—9-4-41
ev. 5-17-39
I X29484

56
2
0

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED AUG 14 1942

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 24691

Registration District No. 477 Primary Registration District No. 4289 Registrar's No. 69

1. PLACE OF DEATH:

(a) County Lewis
(b) City or town La Grange (If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 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 59 Years 6 Months 14 Days (years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Lewis 56
(c) City or town La Grange 2 (If outside city or town limits, write "RURAL") 0
(d) Street No. ..... (If rural, give location)
(e) Citizen of foreign country? No. (Yes or No)
If yes, name country 0

3. (a) PRINT FULL NAME Irene Christine Elizabeth Lahr

3. (b) If veteran, name war -- 3. (c) Social Security No. --

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife E.F. Lahr 6. (c) Age of husband or wife if alive 66 years

7. Birth date of deceased December (Month) 15th. (Day) 1882 (Year)

8. AGE: Years 59 Months 6 Days 14 If less than one day ..... hr. ..... min.

9. Birthplace La Grange (City, town, or county) Missouri (State or foreign country) 0

10. Usual occupation Housewife

11. Industry or business

FATHER
12. Name Charles A. Klusmeier
13. Birthplace Unknown (City, town, or county) Germany (State or foreign country) 4

MOTHER
14. Maiden name Mary Ann Zeller
15. Birthplace Hannibal (City, town, or county) Missouri (State or foreign country) 0

16. (a) Informant R. H. Jeffries
(b) Address La Grange Missouri

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof July 2 1942 (Month) (Day) (Year)
(c) Place: burial or cremation La Grange Missouri

18. (a) Signature of funeral director [signature]
(b) Address La Grange Missouri

19. (a) 9/10/42 (Date received local registrar) (b) P. W. Jennings (Registrar's signature) MD

787

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month JUNE day 29 year 1942 hour 11 minute 57 M.

21. I hereby certify that I attended the deceased from JUNE 29, 1942 to JUNE 29, 1942 that I last saw her alive on JUNE 29, 1942 and that death occurred on the date and hour stated above.

Immediate cause of death CEREBRAL HEMORRHAGE — Duration 1 HR

Due to HYPERTENSION + OBESITY

Due to

Other conditions 1 (Include pregnancy within 3 months of death)

Major findings:
Of operations 8 30

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? (Specify type of place)
While at work? (e) Means of injury 0

23. Signature W. L. Ellery MD (M. D. or other)
Address La Grange Mo Date signed 7/29/42

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 10
District File Number 8-42-15-81
Date Filed AUG 13 1942

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 A.A.Roberts, Registered Apprentice No. ..... working under my personal supervision.

Signed A.A.Roberts

Licensed Embalmer No. 1626

P. O. Address La Grange, Missouri.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply wit the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.