S. No. 2 11-10-39	DEPARTMENT OF COMMERCE MISSOURI STATE E BUREAU OF THE CENSUS	**************************************
-11-10-39 . 5-17-39 ≽I X21492	Registration District No. Primary Registration District No.	\$. XX 1.60
F TECORD	1. PLACE OF DEATH: (a) County (b) City on town (if opinis/city or town limits, write "RURAL" payment township) (c) Nampor marital/or assistantion: (if not in hospital/or institution, write/arrest number or legition)	2. USUAL RESIDENCE OF DECEASED; (6) State Missouri (b) County Cole: 26 (c) City or town Usually Mo: 0 (If outside city or town limits, write, "RURAL")
PERMANENT	(if not in hospital or institution, write treet number or longition) (d) Length of stay: In Hospital or institution	(d) Street No. (If rural, give location) (If rural, give location) (If foreign born, how long in U. S. A.? NO years.
MAKE A PEI	8. (a) PRINT FULL NAME ERNEST J. LEHMANN 8. (b) If veteran, 8. (c) Social Security name war. No	20. DATE OF DEATH: Month Living, day year 1940 hour 9 minutes A. M. 21. I hereby certify that I attended the deceased from Fig. 16
CK INK	6. (c) Single, widowed, married. 6. (d) Single, widowed, married. 6. (e) Name of husband or wife 6. (c) Age of husband or wife if alive 7. Birth date of deceased.	that I last saw h let alive on 1974, to 2007, 1974, and that death occurred on the date and tour stated above. Immediate cause of death Charmin Myseulli, 4
2549 Ading bla	8. AGE: Years Months Days If less than one day 7/ 0 /4 hr. min.	Due to.
USE UNF	9. Birthplace (City form, or country) 10. Usual occupation (State or foreign country) 11. Industry or business	Other conditions (Include pregnancy within 3 months of death) PHYSICIAN
PLAINLY-	12. Name 12. Name 13. Structure 13. Birthylace (City, town, or country) (State of foreign country)	Major findings: Of operations Underline the cause to which death should be charged statistically.
WRITE P	(City town, or county) 16. (a) Informant (Charles In County) (b) Address In County (City town, or county)	22. If death was due to external causes, fill in the following: (a) Accident, suicide, or homicide (specify)
	(b) Date thereof (Month) (Day) (Year) (c) Place: burial or cremation 18. (a) Signature of Taneral director	(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? (a) Means of injury
	(b) Address (MASALLA) 19. (a) 8-13-4(a) (b) (Reclatrar's signature) (Date received local registrar) (Clicement Explainment State (Clicement Explainment Explainment State (Clicement Explainment Expl	28. Signature & M. Charlest (M. D. or other) D. a Address. Charlest only the Date signed & //o/>

District Health Officer No. 9, RECEIVED

STATEMENT	$\mathbf{p}\mathbf{v}$	TICENSED	EMBRITATED
STATEMENT	DІ	LICENSED	EMBALMEN

	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
wo	rking under my personal supervision.

Licensed Embalmer No 2307

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, above space should be left blank.