

FILED JAN 29 1942

Registration District No. 571

Primary Registration District No. 4735

Registrar's No. 65

1. PLACE OF DEATH:

(a) County Moniteau Co.

(b) City or town California, Mo ^{h.a. - Walker}

(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 2 1/2 Hrs (Specify whether _____)

In this community Life (Specify whether _____)

years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State MO (b) County Moniteau ⁶⁸

(c) City or town California, Mo (If outside city or town limits, write "RURAL") 1

(d) Street No. _____ (If rural, give location) 0

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

If yes, name country _____

3. (a) PRINT FULL NAME Henry Lee Lehr

3. (b) If veteran, name war 770

3. (c) Social Security No. None

4. Sex Male 5. Color or race White

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

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

7. Birth date of deceased Nov 23 1882

(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
<u>59</u>	<u>1</u>	<u>2</u>	hr. _____ min.

9. Birthplace Moniteau Co. Mo.

(City, town, or county) (State or foreign country)

10. Usual occupation Labor

11. Industry or business _____

MOTHER FATHER { 12. Name Lee Lehr

{ 13. Birthplace Ohio

(City, town, or county) (State or foreign country)

{ 14. Maiden name Louise Demutk

{ 15. Birthplace Ohio

(City, town, or county) (State or foreign country)

16. (a) Informant Janice Heidel

(b) Address California, Mo.

17. (a) Burial (b) Date thereof Dec. 27. 41

(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Rhorbach Cemt.

18. (a) Signature of funeral director Bowlin Funeral Home

(b) Address California, Mo.

19. (a) Dec 26 (b) Mrs. James Roth

(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec. day 25

year 1941 hour 4 minute 45 P.M.

21. I hereby certify that I attended the deceased from 1 PM to 4:45

P.M. - 12-25-41 to _____ 19____

that I last saw h. live on Dec 25 1941

and that death occurred on the date and hour stated above.

Immediate cause of death Skull fracture and brain concussion Duration 3 hours

Due to Auto accident caused by 2 autos colliding at right angle and U.S. 50 highway. Was riding in auto.

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

Major findings: 1970-8 22

Of operations _____

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) Accident

(b) Date of occurrence Dec 25, 1941

(c) Where did injury occur? California moniteau mo

(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? On U.S. Highway 50 in California mo

(Specify type of place)

While at work? no (b) Means of injury Auto

23. Signature Kenneth Latham (M. D. Carones)

Address California, Mo Date signed 12/26/41

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

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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 Earl R. Boulton

Licensed Embalmer No. 2126

P. O. Address California, 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.