DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

SEP 23 1940

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

28906

State File No. 63

Registration District No. 461

Primary Registration District No. 3024

Registrar's No.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

1. PLACE OF DEATH:

(a) County Lafayette

(b) City or town Lexington (If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: 2 (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution (Specify whether In this community years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Lafayette

(c) City or town Lexington (If outside city or town limits, write "RURAL")

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

(e) If foreign born, how long in U. S. A.? years.

3. (a) PRINT FULL NAME Charles Henry Verden

3. (b) If veteran, name war

3. (c) Social Security No. no

4. Sex Male

5. Color or race White

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

6. (b) Name of husband or wife Alice Zeek

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

7. Birth date of deceased About 74 years (Month) (Day) (Year)

8. AGE: Years about 74 | Months | Days | If less than one day hr. min.

9. Birthplace Louisville Ky (City, town, or county) (State or foreign country)

10. Usual occupation Blacksmith

11. Industry or business

FATHER
12. Name Not K
13. Birthplace (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Brown
15. Birthplace (City, town, or county) (State or foreign country)

16. (a) Informant's own signature Mrs Dan Ginow

(b) Address Lexington, Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Aug 4 1940 (Month) (Day) (Year)

(c) Place: burial or cremation Lexington, Mo

18. (a) Signature of funeral director Winkler

(b) Address Lexington, Mo.

19. (a) Sept 4/40 (Date received local registrar) (b) Delia Bates (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug day 2 year 1940 hour 11 minute 40 P. M.

21. I hereby certify that I attended the deceased from May 10, 1938, to Aug 2, 1940 that I last saw him alive on Aug 1, 1940 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Cerebral Hemorrhage	
Due to Hypertension	
Due to	
Other conditions no (Include pregnancy within 3 months of death)	
Major findings: Of operations —	
Of autopsy no	

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 —

23. Signature B H Brecher (M. D. or other)

Address Lexington, Mo Date signed 9/6/40

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 8
District File Number 9-11-40
Date Filed

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 Forrest F Tempel

Licensed Embalmer No. 3275

P. O. Address Lexington, Va

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

If this body is not embalmed, above space should be left blank.