DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 27922

FILED SEP 4 1942

Registration District No. 27

Primary Registration District No. 3949

Registrar's No. 47

1. PLACE OF DEATH:

(a) County Pike

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

(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 (Specify whether

In this community years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Pike

(c) City or town Rural Twp Quiver (If outside city or town limits, write "RURAL")

(d) Street No. Bowling Green (If rural, give location) R. Rd

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

3. (a) PRINT FULL NAME Lena Leu Brecht

3. (b) If veteran, name war XX

3. (c) Social Security No. none

4. Sex Female

5. Color or race White German

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

6. (b) Name of husband or wife John D. Luebrecht

6. (c) Age of husband or wife if alive 71 years

7. Birth date of deceased Feb (Month) 28 (Day) 1876 (Year)

8. AGE: Years 66 Months 5 Days 17 If less than one day hr. min.

9. Birthplace Brussels (City, town, or county) Ill (State or foreign country)

10. Usual occupation House wife

11. Industry or business

FATHER
12. Name Herman Benten
13. Birthplace (City, town, or county) Germany (State or foreign country)

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

16. (a) Informant's own signature Mrs John D. Luebrecht

(b) Address Bowling Green Mo

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

(c) Place: burial or cremation St. Clement

18. (a) Signature of funeral director Grace Bankhead

(b) Address Bowling Green Mo

19. (a) (Date received local registrar) (b) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug day 15 year 1942 hour 6 minute 30 A M.

21. I hereby certify that I attended the deceased from Nov. 23, 1940, to Aug 15, 1942, that I last saw her alive on July 29, 1942, and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Cerebral hemorrhage	
Due to Arterio sclerosis & Hypertension	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations None	
Of autopsy None	

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 Eugene Tooryman (M. D. ~~or other~~)

Address Bowling Green, Mo Date signed 8/15/42

1148

(Licensed Embalmer's Statement on Reverse Side)

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

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should sta-

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very import

Rev. 5-17-39 1 X19511

RECEIVED
District Health Officer No. 10
District File Number 9-42-1641
Date Filed SEP 2 - 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.....

....., Registered Apprentice No.....,

working under my personal supervision.

Signed L. A. Roof

Licensed Embalmer No. 3044

P. O. Address Bowling Green

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, above space should be left blank.

No. 2B
'-41
X29288

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 2 7922

Registration District No. 277 Primary Registration District No. 5949 Registrar's No. 49

1. PLACE OF DEATH:

(a) County: Pike

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

(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 (Specify whether years, months or days)
In this community

2. USUAL RESIDENCE OF DECEASED:

(a) State (b) County

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

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

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

If yes, name country

3. (a) PRINT FULL NAME: Lessa Lee Brecht

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex: F

5. Color or race: W

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

6. (b) Name of husband or wife

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

7. Birth date of deceased: Feb (Month) 28 (Day) 1876 (Year)

8. AGE: Years 66 Months 5 Days If less than one day hr. min.

9. Birthplace: (City, town, or county) Ill (State or foreign country)

10. Usual occupation

11. Industry or business

MOTHER FATHER

12. Name

13. Birthplace (City, town, or county) (State or foreign country)

14. Maiden name

15. Birthplace (City, town, or county) (State or foreign country)

16. (a) Informant

(b) Address

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

(c) Place: burial or cremation

18. (a) Signature of funeral director

(b) Address

19. (a) 8/27/42 (Date received local registrar) (b) Mrs Frank Gadon (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug day

year 1942 hour minute M.

21. I hereby certify that I attended the deceased from 19 to 19;

that I last saw him alive on 19;

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

Immediate cause of death	Duration
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
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)

(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?

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

23. Signature (M. D. or other)

Address Date signed

SUPPLEMENTARY