

Registration District No. 178

Primary Registration District No. 5666

Registrar's No. 59

1. PLACE OF DEATH:

(a) County Lewis
(b) City or town Union (Rural)
(c) Name of hospital or institution: Ewing (Rural)
(If outside city or town limits, write "RURAL" and name of township)

(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution

(Specify whether

In this community 45 yr.
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Lewis
(c) City or town Ewing Rural
(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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 12
year 1943 hour 8 minute 00 P. M.

21. I hereby certify that I attended the deceased from JUNE 7
1943, to JUNE 12, 1943
that I last saw him alive on JUNE 12, 1943
and that death occurred on the date and hour stated above.

Immediate cause of death URAEMIA

Duration

Due to CHRONIC NEPHRITIS
+ HYPERTROPHIED PROSTATE

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 W. F. E. M. D. (M. D. or other)

Address La Grange Mo Date signed

3. (a) PRINT FULL NAME Fredrick Orl Lieb

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

4. Sex M 5. Color or race W. 6. (a) Single, widowed, married, divorced married

6. (b) Name of husband or wife Josephine Orl Lieb 6. (c) Age of husband or wife if alive 62 years

7. Birth date of deceased April 13 1880
(Month) (Day) (Year)

8. AGE: Years 83 Months 1 Days 28 If less than one day hr. min.

9. Birthplace Baden, Germany
(City, town, or county) (State or foreign country)

10. Usual occupation Blacksmith

11. Industry or business

12. Name Michael Ortlieb
13. Birthplace Unknown Germany
(City, town, or county) (State or foreign country)

14. Maiden name Berta
15. Birthplace Unknown Germany
(City, town, or county) (State or foreign country)

16. (a) Informant Michael Ortlieb
(b) Address R. Ewing, Mo

17. (a) Place of burial or cremation Over
(Burial, cremation, or removal) (b) Date thereof June 12-43
(Month) (Day) (Year)

18. (a) Signature of funeral director Tharab Ball
(b) Address Ewing

19. (a) 6/17/43 (b) R. W. Jennings
(Date received local registrar) (Registrar's signature)

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

FILED JUL 7 1943

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 *Thomas Ball*.....

Licensed Embalmer No. *11749*.....

P. O. Address *E. W. W. Co. Inc.*.....

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.