. S. No. 2
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v. 5-17-39
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

16022

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED MAY 16 1946

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 17141

Registration District No. 170 Primary Registration District No. 5630 Registrar's No.

1. PLACE OF DEATH:

(a) County Laclede

(b) City or town Lebanon R#5
(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 since early Childhood
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Laclede 53

(c) City or town Lebanon Rural 0
(If outside city or town limits, write "RURAL")

(d) Street No. R#5 0
(If rural, give location)

(e) Citizen of foreign country? no. (Yes or No) 0

If yes, name country

3. (a) PRINT FULL NAME Anna Elizabeth West Pfahl

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 Widowed

6. (b) Name of husband or wife F. W. Westpfhl

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

7. Birth date of deceased April (Month) 20 (Day) 1859 (Year)

8. AGE: Years 86 Months 11 Days 19 If less than one day hr. min.

9. Birthplace Denmark (City, town, or county) / (State or foreign country)

10. Usual occupation Housewife

11. Industry or business

FATHER
12. Name Hans Jensen 4
13. Birthplace Denmark (City, town, or county) / (State or foreign country)

MOTHER
14. Maiden name Margrete C. Hansen
15. Birthplace Denmark (City, town, or county) 4 (State or foreign country)

16. (a) Informant S. D. Westpfhl

(b) Address Lebanon Mo. R#5

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 4-11-46 (Month) (Day) (Year)

(c) Place: burial or cremation City Cemetery

18. (a) Signature of funeral director W. E. Holman

(b) Address Lebanon Mo.

19. (a) 4-20-46 (Date received local registrar) (b) Ora Frankberger (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 9
year 1946 hour 12 minute 30 P.M.

21. I hereby certify that I attended the deceased from
, 19, to , 19;
that I last saw h alive on , 19;
and that death occurred on the date and hour stated above.

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

Major findings:
Of operations
Of autopsy

162b

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 R. A. Palmer (M. D. or other) Coroner

Address Lebanon Mo. Date signed 4/10/46

152 (Licensed Embalmer's Statement on Reverse Side)

Received 5-13-46

Laclede County Health Unit

File No. 4-46-58

Date Filed 5-13-46

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 Dorsey M. Howe

Licensed Embalmer No. 4222

P. O. Address Lebanon 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.