. No. 2
—8-43
5-17-39
I X37823

3
1
0

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED MAY 25 1948

Registration District No. 70

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 4124

State File No. 15721

Registrar's No. 30

1. PLACE OF DEATH:

(a) County: Clark

(b) City or town: Kahoka Mo.
(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: Missouri (b) County: Clark 23

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

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

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

If yes, name country: ✓

3. (a) PRINT FULL NAME: William E. Lehew

3. (b) If veteran, name war: ✓

3. (c) Social Security No. 481-03-2569

4. Sex: Male

5. Color or race: W

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

6. (b) Name of husband or wife: Laura Bonenges

6. (c) Age of husband or wife if alive: 78 years

7. Birth date of deceased: April 15 (Month) 1876 (Year)

8. AGE: Years 72 Months 0 Days 26 If less than one day ____ hr. ____ min.

9. Birthplace: Clark Co. (City, town, or county) Missouri (State or foreign country)

10. Usual occupation: Retired Laborer

11. Industry or business: Hubinger Products Co.

FATHER
12. Name: James Lehew
13. Birthplace: Clark Co. (City, town, or county) Missouri (State or foreign country)

MOTHER
14. Maiden name: Sadie Gray
15. Birthplace: Clark Co. (City, town, or county) Missouri (State or foreign country)

16. (a) Informant: Mrs Ruth Katsaros
(b) Address: Kahoka Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: 5-14-48 (Month) (Day) (Year)
(c) Place: burial or cremation: Kahoka Cemetery

18. (a) Signature of funeral director: Fred J Karl
(b) Address: Kahoka Mo.

19. (a) 5/22/48 (Date received local registrar) (b) J R Briggs (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 11th year 1948 hour 6P minute 15 P.M.

21. I hereby certify that I attended the deceased from 5-11- 1948 to 5-11- 1948; that I last saw him alive on 5-11-48 19____; and that death occurred on the date and hour stated above.

Immediate cause of death: CEREBRAL HEMORRHAGE.

Due to: ____

Due to: ____

Other conditions (Include pregnancy within 3 months of death): ____

Major findings: Of operations: ____

Of autopsy: ____

Duration

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: S H Lanning D.O. (M. D. or other)

Address: Kahoka Mo. Date signed: 5-13-48

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 10
District File Number 5-48-928
Date Filed MAY 24 1948

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 Fred J Karle

Licensed Embalmer No. 1023

P. O. Address Kahoka 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.