MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

Do not use this space.

File No. 28951

Registered No. 23

Registration District No. 305

Primary Registration District No. 4184

1. PLACE OF DEATH
37 County Gasconade
4 Township
2 City Owensville (No. , St. Ward)

2. FULL NAME George L. Lorkhart
(a) Residence, No. Owensville, Mo Ward.
(Usual place of abode) (If nonresident, give city or town and State)
Length of residence in city or town where death occurred 10 yrs. — mos. — ds. How long in U. S., if of foreign birth? — yrs. — mos. — ds.

MCT 25 1932

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: male
4. COLOR OR RACE: white
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): married

5A. IF MARRIED, WIDOWED, OR DIVORCED
HUSBAND OF (OR) WIFE OF Caroline Lorkhart

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 9/27/1856

7. AGE: Years 75 | Months 11 | Days 22 | If LESS than 1 day, ... hrs. or ... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. retired farmer
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. —
10. Date deceased last worked at this occupation (month and year) 10 years ago.
11. Total time (years) spent in this occupation c. 50 years

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Missouri

FATHER
13. NAME W. B. Lorkhart
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Missouri

MOTHER
15. MAIDEN NAME Sarah Sanders
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Missouri

17. INFORMANT (ADDRESS) daughter-Effie Rehmert

18. BURIAL, CREMATION, OR REMOVAL
PLACE Owensville Cemetery DATE Sept. 8, 1932

19. UNDERTAKER W. F. Gattenstaeter
(ADDRESS) Owensville Mo

20. FILED 9-16-, 1932 J. F. Ferrell, Registrar.

MEDICAL CERTIFICATE OF DEATH

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21. DATE OF DEATH (MONTH, DAY, AND YEAR) 9/5, 1932

22. I HEREBY CERTIFY, That I attended deceased from ..., 19..., to ..., 19...
I last saw h... alive on ..., 19... Death is said to have occurred on the date stated above, at 8 a.m.
The principal cause of death and related causes of importance were as follows:

290A The undersigned, Coroner of Gasconade Co was called after the sudden death of the deceased. Determining after exhaustive investigation, that natural causes were responsible for the death, no inquest was held.

Date of onset

Other contributory causes of importance:

probable cause: paralysis of heart.

Name of operation? None Date of ...
What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? Date of injury ..., 19...
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury (5)
Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify
(Signed) Julius Lingenfelder, M. D.
(Address) Hermann, Mo. Coroner

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.

WRITE PLAINLY, WITH UNFADING INK—THIS FORM MUST NOT BE FOLDED