

Dr. Stewart
REC'D JUL 11 1938

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

21666
Do not use this space.

1. PLACE OF DEATH

(a) County Cole Registration District No. 213
(b) Township _____ Primary Registration District No. 3014 Registered No. 185
(c) City Jefferson (d) Street No. 720 Jefferson St.
(If death occurred in Hospital or Institution, write its name instead of street and number)
(e) Length of residence in city or town where death occurred 17 yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME

Margaret Lohrey
(a) Residence, No. 720 Jefferson St. (If nonresident, give city or town and State)
(Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

3. SEX Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Single

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 16th. 1938

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

22. I HEREBY CERTIFY, That I attended deceased from January 15th. 1938 to June 15th. 1938

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) June-30-1876

I last saw her alive on June 15th. 1938 Death is said to have occurred on the date stated above, at 8:30 A.M.

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
61 11 16

The principal cause of death and related causes of importance were as follows:

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Housework
9. Industry or business in which work was done, as saw mill, bank, etc. ''
10. Date deceased last worked at this occupation (month and year) _____ 11. Total time (years) spent in this occupation _____

Coronary occlusion Date of onset _____

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Doone County, Mo.

Other contributory causes of importance:
Hypertension
Leucocytois

FATHER 13. NAME John Lohrey
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany

Name of operation _____ Date of _____
What test confirmed diagnosis? _____ Was there an autopsy? _____

MOTHER 15. MAIDEN NAME Katherine Ittner
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany

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. _____

17. INFORMANT J. H. Lohrey
(ADDRESS) Hartsburg, Missouri

Manner of injury _____
Nature of injury _____

18. BURIAL, CREMATION, OR REMOVAL
PLACE St. Pleasant DATE June-18-1938

24. Was disease or injury in any way related to occupation of deceased? NO

19. FUNERAL DIRECTOR (NAME) (ADDRESS) Thos. J. Gordon
Jefferson City, Mo.

(Signed) James D. H. [Signature]
(Address) 626 Jefferson

20. FILED 1890 1938 D. B. [Signature]
Local Registrar.

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

STATE OF MISSOURI
DEPARTMENT OF HEALTH
BUREAU OF HEALTH

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,

Allen Gordon

or by

Registered Apprentice No. _____, working under my personal supervision.

Signed

Allen Gordon

Licensed Embalmer No. *2296*

P. O. Address *Jefferson City, Mo.*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to conform with the above constitutes grounds for revocation of license.)

If this body is not embalmed, above space should be left blank.