S. No. 2
—11-10-39
. 5-17-39
I X21492

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JUN 18 1940

Registration District No. 668

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 3032

State File No. 19206

Registrar's No. 175

1. PLACE OF DEATH:

(a) County Pettis

(b) City or town Sedalia (If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: 213 West 10th St. (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 2 (Specify whether

In this community 63 years. years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Pettis

(c) City or town Sedalia (If outside city or town limits, write "RURAL")

(d) Street No. 213 West 10th St. (If rural, give location)

(e) If foreign born, how long in U. S. A.? 73 years.

3. (a) PRINT FULL NAME FRANK LORSBACH 621

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex MALE

5. Color or race WHITE

6. (a) Single, widowed, married, divorced WIDOWED

6. (b) Name of husband or wife MARY LORSBACH

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

7. Birth date of deceased JULY 18 (Month) 1853 (Day) (Year)

8. AGE: Years 86 Months 9 Days 24 If less than one day hr. min.

9. Birthplace GERMANY 6 (City, town, or county) (State or foreign country)

10. Usual occupation Retired 6

11. Industry or business 6

FATHER
12. Name HENRY LORSBACH
13. Birthplace GERMANY (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name ANNA MARIE HAHNER
15. Birthplace GERMANY (City, town, or county) (State or foreign country)

16. (a) Informant Miss Ida Lorsbach

(b) Address 213 W 10th Sedalia Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof May 14-40 (Month) (Day) (Year)

(c) Place: burial or cremation Calvary

18. (a) Signature of funeral director McLaughlin Bros

(b) Address Sedalia

19. (a) 5-13-40 (Date received local registrar) (b) Mrs. Harry Sneed (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 12 year 1940 hour 9 minute a M.

21. I hereby certify that I attended the deceased from June 1, 1936 to May 12, 1940 that I last saw him alive on May 12, 1940 and that death occurred on the date and hour stated above.

Immediate cause of death Chronic myocarditis

Due to age, & probably rheumatism

Due to arteriosclerosis

Other conditions arteriosclerosis (Include pregnancy within 3 months of death)

Major findings: Of operations none

Of autopsy none

Duration: do not know; do not know; do not know

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) no

(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? 906 (Specify type of place)

While at work? — (e) Means of injury —

23. Signature [signature] (M. D. or ~~[illegible]~~)

Address Sedalia Mo. Date signed May 13 1940

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 8,
District File Number
Date Filed 6-14-40

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 Robert H. Reed

Licensed Embalmer No. 3745

P. O. Address Sedalia 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, above space should be left blank.