

No. 2  
-13-40  
-17-39  
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DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

State File No. **38710**  
Registrar's No. **917**

Registration District No. **318** Primary Registration District No. **2001**

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

FILED DEC 10 1940

PLACE OF DEATH:  
(a) County **GREENE**  
(b) City or town **Springfield**  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution  
**534 St Louis Street**  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution \_\_\_\_\_  
(Specify whether \_\_\_\_\_)  
In this community \_\_\_\_\_  
years, months or days) **2**

3. (a) PRINT FULL NAME **Alma Mary Lohmeyer**  
3. (b) If veteran, name war **None** 3. (c) Social Security No. **None**

4. Sex **Female** 5. Color or race **White** 6. (a) Single, widowed, married, divorced **Divorced**  
6. (b) Name of husband or wife **William C. Lohmeyer** 6. (c) Age of husband or wife if alive **44** years  
7. Birth date of deceased **August 18, 1878**  
(Month) (Day) (Year)

8. AGE: Years **62** Months **2** Days **26** If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

9. Birthplace **Springfield, Missouri**  
(City, town, or county) (State or foreign country)

10. Usual occupation **Funeral Director**

11. Industry or business **Funeral Home**

12. Name **Wilson Fullbright**

13. Birthplace **Laclede County, Mo.**  
(City, town, or county) (State or foreign country)

14. Maiden name **Ryanah Biggs**

15. Birthplace **Springfield, Mo.**  
(City, town, or county) (State or foreign country)

16. (a) Informant **Mrs. Hazel L. Winkle**

(b) Address **Springfield, Mo.**

17. (a) **Burial** (b) Date thereof **11-16-40**  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Castlaw Cemetery**

18. (a) Signature of funeral director **Alma Lohmeyer**  
(b) Address **Springfield, Mo.**

19. (a) **11-16-40** (b) **W. E. Handley**  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:  
(a) State **Missouri** (b) County **Greene**  
(c) City or town **Springfield**  
(If outside city or town limits, write "RURAL")  
(d) Street No. **534 St Louis**  
(If rural, give location)  
(e) If foreign born, how long in U. S. A. \_\_\_\_\_ years.

MEDICAL CERTIFICATION  
20. DATE OF DEATH: Month **November** Day **14**  
year **1940** hour **4** minute **A.** M.  
21. I hereby certify that I attended the deceased from **1933**  
19\_\_\_\_ to **11/14/40**, 19\_\_\_\_  
that I last saw her alive on **11/12/40**, 19\_\_\_\_  
and that death occurred on the date and hour stated above.

Immediate cause of death **Chronic Myocardial degeneration**  
Duration **7 yrs**

Due to **Coronary sclerosis** ?

Due to \_\_\_\_\_  
Other conditions \_\_\_\_\_  
(Include pregnancy within 3 months of death)

PHYSICIAN  
Major findings: \_\_\_\_\_  
Of operations \_\_\_\_\_  
Of autopsy \_\_\_\_\_  
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?  
**(A.C.C.)**  
While at work? \_\_\_\_\_ (Specify type of place)  
(e) Means of injury \_\_\_\_\_  
23. Signature **W. B. Jemmon** (M. D. or other) **M. D.**  
Address **Springfield, Mo.** Date signed **11/14/40**

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**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 *Wayne Hinkle*

Licensed Embalmer No. *3444*

P. O. Address *Springfield*

**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.**

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