No. 2
-13-40
17-39
X23159

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 41816

FILED JAN 13 1941

Registration District No. 76 Primary Registration District No. 5110B Registrar's No. 8

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

1. PLACE OF DEATH:
(a) County Boone
(b) City or town Rural (Hartsburg) (If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: R.R. 1 Hartsburg (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. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Boone
(c) City or town R.R. 1 - Hartsburg, Mo (If outside city or town limits, write "RURAL")
(d) Street No. R. R. 1 (If rural, give location)
(e) If foreign born, how long in U. S. A.? ____ years.

3. (a) PRINT FULL NAME William Lohman
3. (b) If veteran, name war ____
3. (c) Social Security No. ____
4. Sex Male
5. Color or race Wh
6. (a) Single, widowed, married, divorced widowed
6. (b) Name of husband or wife Anna Ballard
6. (c) Age of husband or wife if alive ____ years
7. Birth date of deceased May (Month) 14 (Day) 1864 (Year)

8. AGE: Years 76 Months 7 Days 16 If less than one day ____ hr. ____ min.

9. Birthplace Treloar (City, town, or county) Mo. (State or foreign country) 0
10. Usual occupation Farmer 9
11. Industry or business ____
FATHER
12. Name Don't Know 9
13. Birthplace " (City, town, or county) " (State or foreign country)
MOTHER
14. Maiden name " "
15. Birthplace " (City, town, or county) " (State or foreign country)
16. (a) Informant George Lohman
(b) Address R.R. 1 Hartsburg, Mo
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Dec 31 1940 (Month) (Day) (Year)
(c) Place: burial or cremation Mt. Pleasant
18. (a) Signature of funeral director Tanner Service
(b) Address 700 Jefferson
19. (a) 12/30/40 (Date received local registrar) (b) H. A. Meneyer (Registrar's signature) 77

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec day 29 year 1940 hour 9 minute 30 A.M.
21. I hereby certify that I attended the deceased from ____, 19__, to ____, 19__; that I last saw him alive on 12 - 2, 19 40; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: aortic Stenosis	
Due to:	
Due to: chronic Rheumatism	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations ____	
Of autopsy no	

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 C. P. Megee (M. D. or other)
Address Hartsburg, Mo. Date signed 12/31-40

(Licensed Embalmer's Statement on Reverse Side)

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 L. N. Anderson

Licensed Embalmer No. 3641

P. O. Address Jefferson City

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.