

JAN 13 1946

Registration District No. **22**

Primary Registration District No. **5302**

Registrar's No.

1. PLACE OF DEATH:

(a) County **Cooper**
(b) City or town **Clifton City Mo**
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether
In this community **72 yrs** _____ (Specify whether
years, months or days) **2**

2. USUAL RESIDENCE OF DECEASED:

(a) State **Mo** (b) County **Cooper**
(c) City or town **Clifton City Mo**
(If outside city or town limits, write "RURAL")
(d) Street No. **0** (If rural, give location)
(e) If foreign born, how long in U. S. A.?

3. (a) PRINT FULL NAME

Henry Lorenz

(b) If veteran, name war

(c) Social Security No.

4. Sex **Male**

5. Color or race **white**

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

6. (b) Name of husband or wife **Katherine**

6. (c) Age of husband or wife if alive **66** years

7. Birth date of deceased **Feb 4, 1868**
(Month) (Day) (Year)

8. AGE: Years **72** Months **9** Days **28** If less than one day
br. min.

9. Birthplace **Cooper Mo**
(City, town, or county) (State or foreign country)

10. Usual occupation **Farmer**

11. Industry or business

12. Name **Alexander Lorenz**
13. Birthplace **Switzerland**
(City, town, or county) (State or foreign country)
14. Maiden name **Sarah Crum**
15. Birthplace **Switzerland**
(City, town, or county) (State or foreign country)

16. (a) Informant **Miss Henry Lorenz**
(b) Address **Clifton City Mo**

17. (a) **Burial** (b) Date thereof **March 1946**
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation **Clifton City Mo**

18. (a) Signature of funeral director **Mc Laughlin**
(b) Address **Sedalia**

19. (a) **Dec 3 1940** (b) **Richard Fogle**
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Dec** day **2** year **1940** hour **4** minute **9 M.**

21. I hereby certify that I attended the deceased from **July 1, 1940** to **Dec 2, 1940** that I last saw him alive on **Dec 1, 1940** and that death occurred on the date and hour stated above.

Immediate cause of death **Carcinoma of prostate gland & bladder**
Due to **51**

Other conditions **myocarditis**
(Include pregnancy within 3 months of death) **3 to 4 mths**

Major findings: **Of operations carcinoma of prostate with infiltrations of bladder**
Of autopsy

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?

While at work (Specify type of place) (e) Means of injury

23. Signature **Richard Fogle** (M. D. or other) **12/40**
Address **Ottumwa Mo** Date signed **12/40**

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

RECEIVED
District Health Officer No. 8,
District File Number
12-21-40
Date Filed

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.