

MAR 17 1941

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

7387
Do not use this space.

1. PLACE OF DEATH
(a) County Lafayette Registration District No. 457
(b) Township _____ Primary Registration District No. 4971 Registered No. 3
(c) City Concordia, Mo (d) Street No. 1 _____ 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 yrs. mos. ds. (f) How long in U. S., if of foreign birth? 54 yrs. mos. ds.

2. PRINT FULL NAME Emilie Lohofener
(a) Residence, No. _____ St. Concordia, Mo. 0 (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word) Widowed
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Johannes P. Lohofener
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Apr-2-1854
7. AGE YEARS 86 MONTHS 10 DAYS 11 If LESS than 1 day, _____ hrs. or _____ min.
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 _____
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Lafayette Mo Missouri
13. NAME Henry Rabe
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany 4
15. MAIDEN NAME Sophia Ohlenschel
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany 4
17. INFORMANT (ADDRESS) Lillie Lohofener Concordia Mo
18. BURIAL, CREMATION, OR REMOVAL PLACE Evo Bethel Church DATE Feb 17 1941
19. FUNERAL DIRECTOR (NAME) (ADDRESS) N. J. Dunsing Concordia Mo
20. FILED Feb 15 1941 Hedimant Shyman Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb-13 1941
22. I HEREBY CERTIFY, That I attended deceased from July 11 1941, to July 13 1941
I last saw her alive on July 13 1941. Death is said to have occurred on the date stated above, at 10:20 a.m.
The principal cause of death and related causes of importance were as follows:
Cerebral Hemorrhage 2-11-41
Arterio Sclerosis
Other contributory causes of importance: _____
Name of operation _____ Date of _____
What test confirmed diagnosis? _____ Was there an autopsy? Yes
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. _____
Manner of injury _____
Nature of injury _____
24. Was disease or injury in any way related to occupation of deceased? _____
If so, specify _____ (Signed) Dr. J. J. Whitman M. D.
41 (Address) Concordia

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

RECEIVED
District Health Officer No. 8,
District File Number
Date Filed 3-3-41

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 *W. Roy Owen*

Licensed Embalmer No. *3070*

P. O. Address *Wellington 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.