

No. 2
4-13-40
-17-39
X23159

Registration District No. _____

Primary Registration District No. 1002

Registrar's No. 2370

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

1. PLACE OF DEATH:

(a) County Jackson

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

(c) Name of hospital or institution:
1231 West 75th St.
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution _____
(Specify whether years, months or days)

In this community 60 Years

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson

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

(d) Street No. 1231 West 75th St.
(If rural, give location)

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

3. (a) PRINT FULL NAME August William Lochman

3. (b) If veteran, name war No 3. (c) Social Security No. None

4. Sex Male 5. Color or race White 6. (g) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Mrs. Anna Lochman 6. (c) Age of husband or wife if alive 54 years

7. Birth date of deceased Nov. 29, 1870
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day

70 6 22 _____ hr. _____ min.

9. Birthplace Navoo Illinois
(City, town, or county) (State or foreign country)

10. Usual occupation Retired Custodian

11. Industry or business Karnes School

12. Name William A. Lochman

13. Birthplace Germany
(City, town, or county) (State or foreign country)

14. Maiden name Kate Wetzel

15. Birthplace Navoo, Illinois
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Anna Lochman

(b) Address 1231 West 75th St.

17. (a) Burial (b) Date thereof 6-23-41
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Forest Hill

18. (a) Signature of funeral director John W. Wagner
Kansas City, Missouri

(b) Address _____

19. (a) 6/22/41 (b) M. M. Browne
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 21st
year 1941 hour 7 minute :00 P.M.

21. I hereby certify that I attended the deceased from May 20, 1941
_____ 19____ to _____ 19____;

that I last saw him alive on June 20 _____ 1941;
and that death occurred on the date and hour stated above.

Immediate cause of death Cancer of the Oesophagus

Due to _____

Due to _____

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

Major findings: _____
Of operations _____

Of autopsy Not done

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)

23. Signature Frank B. Latta (M. D. or other) _____

Address 924 Piny Ridge Rd. W. Date signed 6-22-41

Ernst

Ernst

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 *A R Haunschild*

Licensed Embalmer No. *4159*

P. O. Address *T. C. - 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, fact should be so stated above.