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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

20854

State File No. 2384

Registration District No. 399 — FILED JUL 7 1941

Primary Registration District No. 1002

Registrar's No.

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: 511 Gladstone Blvd. (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution ----- (Specify whether In this community 33 Years years, months or days).

2. USUAL RESIDENCE OF DECEASED: 048

(a) State Missouri (b) County Jackson 3

(c) City or town Kansas City 8 (If outside city or town limits, write "RURAL")

(d) Street No. 511 Gladstone Blvd. 0 (If rural, give location)

(e) Citizen of foreign country? -No (Yes or No)

If yes, name country -

3. (a) PRINT FULL NAME Mr. George Henry Lohmann

3. (b) If veteran, name war None

3. (c) Social Security No. None

4. Sex Male 0

5. Color or race White

6. (a) Single, widowed, married, divorced Married 1

6. (b) Name of husband or wife Mrs. Mrs. Myra Lohmann

6. (c) Age of husband or wife if alive 48 years

7. Birth date of deceased August (Month) 23 (Day) 1881 (Year)

8. AGE: Years 59 Months 9 Days 28 If less than one day hr. min.

9. Birthplace Madison (City, town, or county) Indiana (State or foreign country) 1

10. Usual occupation Advertising Salesman

11. Industry or business General Products

FATHER
12. Name Unknown Lohmann
13. Birthplace (City, town, or county) Unknown (State or foreign country) 9

MOTHER
14. Maiden name Unknown
15. Birthplace (City, town, or county) Unknown (State or foreign country) 9

16. (a) Informant Mrs. Myra Lohmann

(b) Address 511 Gladstone Blvd.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof June 24, 1941 (Month) (Day) (Year)

(c) Place: burial or cremation Mt. St. Mary's Cemetery

18. (a) Signature of funeral director D. H. McCormick Sons

(b) Address 1401 Brush Creek Blvd.

19. (a) 6/23/41 (Date received local registrar) (b) M. N. Crowe (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 20 th year 1941 hour 8 minute 30 P.M.

21. I hereby certify that I attended the deceased from ..., 19...; that I last saw h... alive ..., 19...; and that death occurred on the date and hour stated above.

Department Coroner

Immediate cause of death

Acute pulmonary congestion

Due to Hypertrophy of the heart

Due to Coronary sclerosis 950

Other conditions (Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

Duration

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 [signature] (M. D. or other)

Address K. C. Mo. Date signed

(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 C. Hervey Quisenbery

Licensed Embalmer No. 4070 (

P. O. Address K C Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply wi the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.