

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

1. PLACE OF DEATH:

(a) County GASCONADE
(b) City or town OWENSVILLE (M)
(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 ENTIRE LIFE years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State MISSOURI (b) County GASCONADE
(c) City or town OWENSVILLE
(If outside city or town limits, write "RURAL")
(d) Street No. _____ (If rural, give location)
(e) If foreign born, how long in U. S. A.? _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month OCTOBER day 5
year 1941 hour 12 minute 5 P. M.
21. I hereby certify that I attended the deceased from Sept 1931
October 9, 1941, to October 4, 1941
that I last saw him alive on October 4, 1941
and that death occurred on the date and hour stated above.
Immediate cause of death Stroke Duration _____

3. (a) PRINT FULL NAME CAROLINE LOCKHART

3. (b) If veteran, name war _____ (c) Social Security No. _____

4. Sex FEMALE 5. Color or race WHITE 6. (a) Single, widowed, married, divorced WIDOWED

6. (b) Name of husband or wife GEORGE S. LOCKHART 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased NOVEMBER 13 1860
(Month) (Day) (Year)

8. AGE: Years 80 Months 10 Days 22 If less than one day _____ hr. _____ min.

9. Birthplace GASCONADE COUNTY MISSOURI
(City, town, or county) (State or foreign country)

10. Usual occupation HOUSE WIFE

11. Industry or business _____

MOTHER FATHER { 12. Name GARRETT VIERMANN
13. Birthplace _____ (City, town, or county) (State or foreign country) GERMANY
14. Maiden name _____ HENNEMANN
15. Birthplace _____ (City, town, or county) (State or foreign country) UNITED STATES

16. (a) Informant G. C. LOCKHART
(b) Address JEFFERSON CITY MISSOURI

17. (a) BURIAL (b) Date thereof OCT 7 1941
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation OWENSVILLE CITY CEMETERY

18. (a) Signature of funeral director W. F. Gattenstrater
(b) Address Owensville, Mo.

19. (a) October 6 (b) Alise Fash
(Date received local registrar) (Registrar's signature)

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

Major findings: _____
Of operations _____
Of autopsy _____
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?

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

23. Signature Edad Mellies (M. D. or other) _____
Address Owensville Mo Date signed 10-4-41

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 Me

Registered Apprentice No. _____

working under my personal supervision.

Signed _____

Michael H. H. H. H.

Licensed Embalmer No. 3838

P. O. Address Owensville, 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.