

JAN 14 1942

Registration District No. **408**

Primary Registration District No. **5562**

1. PLACE OF DEATH:

(a) County **Jasper**
(b) City or town **Rural - Marion Township**
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
Highway #71
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution.....
(Specify whether
In this community.....
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **Jasper**
(c) City or town **Rural**
(If outside city or town limits, write "RURAL")
(d) Street No. **Route #2, Carthage.**
(If rural, give location)
(e) Citizen of foreign country? **No.** (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME **Floyd Dwight Lorenz**

3. (b) If veteran. name war **None** 3. (c) Social Security No. **500-12-2436**

4. Sex **Male** 5. Color or race **White** 6. (a) Single, widowed, married, divorced. **Single**
6. (b) Name of husband or wife..... 6. (c) Age of husband or wife if alive..... years
7. Birth date of deceased **Sept. 19, 1920**
(Month) (Day) (Year)

8. AGE: Years **21** Months **2** Days **28** If less than one day
..... hr. min.

9. Birthplace **Jasper County, Missouri**
(City, town, or county) (State or foreign country)

10. Usual occupation **Filling Station operator**

11. Industry or business.....

MOTHER FATHER { 12. Name **John A. Lorenz**
13. Birthplace **Odessa Russia**
(City, town, or county) (State or foreign country)
14. Maiden name **Mary Wright Replogle**
15. Birthplace **Colo.**
(City, town, or county) (State or foreign country)

16. (a) Informant **John A. Lorenz**

(b) Address **Route #2, Carthage, Mo.**

17. (a) **Burial** (b) Date thereof **12-19-41**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Paradise Cemetery**

18. (a) Signature of funeral director **Ed. C. Ulmer**

(b) Address **1208 Garrison, Carthage, Mo.**

19. (a) **Dec. 19, 1941** (b) **E. J. McEntire, M.D.**
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Dec.** day **17th**
year **1941** hour **9:55** minute **A.** M.

21. I hereby certify that I attended the deceased from.....
..... 19..... to..... 19.....
that I last saw him.....
and that death occurred on the date and hour stated above.

Immediate cause of death: **Fracture of skull**
left foramen right femur
left femur left tibia, pelvis
and chest.
Due to.....
acc to riding a motor cycle
Due to.....
into a motor car
head on

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

Major findings:
Of operations.....
Of autopsy.....
1702-4
22

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) **accident**

(b) Date of occurrence **Dec 17, 1941**

(c) Where did injury occur? **Highway 71, Jasper, Mo.**
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place?
Public highway

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

23. Signature **P. H. Webster** (M. D. or other) **Coroner**

Address **Carthage, Mo.** Date signed **Dec 19 1941**

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

19
00

112
11

42-1-1109

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 John Pennehy

Licensed Embalmer No. 4194

P. O. Address Carthage, 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.