DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 2849

Registration District No. 548 Primary Registration District No. 4323 Registrar's No. 13

1. PLACE OF DEATH:
(a) County: Marion
(b) City or town: Palmyra
(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
In this community: 65 yrs 3 Mths 28 dys (Specify whether years, months or days)

2. USUAL RESIDENCE OF DEATH:
(a) State: Missouri (b) County: Marion
(c) City or town: Palmyra
(If outside city or town limits, write "RURAL")
(d) Street No.
(If rural, give location) C
(e) If foreign born, how long in U. S. A.? years.

3. (a) PRINT FULL NAME: Mary Elizabeth Lochman
3. (b) If veteran, name war
3. (c) Social Security No.
4. Sex: Female
5. Color or race: White
6. (a) Single, widowed, married, divorced: Married
6. (b) Name of husband or wife: Frank Lochman
6. (c) Age of husband or wife if alive: 67 years
7. Birth date of deceased: Oct (Month) 8 (Day) 1876 (Year)

8. AGE: Years 65 Months 3 Days 28 If less than one day hr. min.

9. Birthplace: Palmyra, Missouri (City, town, or county) (State or foreign country)
10. Usual occupation: Housewife
11. Industry or business
FATHER 12. Name: Fred L. Juette
FATHER 13. Birthplace: Germany (City, town, or county) (State or foreign country)
MOTHER 14. Maiden name: Mary Huber
MOTHER 15. Birthplace: Illinois (City, town, or county) (State or foreign country)
16. (a) Informant's own signature: Frances Myers
(b) Address: Palmyra, Missouri
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 2/ 9/ 42 (Month) (Day) (Year)
(c) Place: burial or cremation: Palmyra, Mo.
18. (a) Signature of funeral director: Lewis Bond
(b) Address: Palmyra, Missouri
19. (a) 2/8/42 (Date received local registrar) (b) Mrs Margaret Meddof Deputy (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month February day 6 year 1942 hour 4 minute 45 p M.

21. I hereby certify that I attended the deceased from Feb. 4 1942 ~~Feb. 6~~, 19~~42~~ to Feb. 6, 1942 that I last saw h. alive on Feb. 5, 1942 and that death occurred on the date and hour stated above.

Immediate cause of death: Arterio-sclerosis of coronary arteries — Duration
Due to
Due to
Other conditions (Include pregnancy within 3 months of death): 97
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? (Specify type of place)
While at work? (e) Means of injury

23. Signature: Marion Wachovius (M. D. or other)
Address: Palmyra, Mo Date signed 2/8/42

(Licensed Embalmer's Statement on Reverse Side)

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

Rev. 5-17-39 I X19511

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.....

Licensed Embalmer No. 2382

P. O. Address Palmyra, 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.