

FILED APR 22 1942
Registration District No. 448

Primary Registration District No. 5609

1. PLACE OF DEATH:

(a) County LACLEDE
(b) City or town RURAL, LEBANON, MO.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: R.R. #1, LEBANON MO
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution NEITHER
(Specify whether
In this community ALWAYS
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State MO (b) County LACLEDE 0530
(c) City or town RURAL
(If outside city or town limits, write "RURAL")
(d) Street No. R.I. LEBANON
(If rural, give location)
(e) Citizen of foreign country? NO (Yes or No)
If yes, name country 0

3. (a) PRINT FULL NAME Chas G. Froelich

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

4. Sex M 5. Color or race W 6. (a) Single, widowed, married, divorced WIDOWER
6. (b) Name of husband or wife Anna Lohmeyer 6. (c) Age of husband or wife if alive 27 years
7. Birth date of deceased SEPT 27 1883
(Month) (Day) (Year)

8. AGE: Years 78 Months 6 Days 7 If less than one day hr. min. 4

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

10. Usual occupation CARPENTER

11. Industry or business

MOTHER FATHER { 12. Name Chas. G. F
13. Birthplace GERMANY (City, town, or county) (State or foreign country)
14. Maiden name IDA FISHER
15. Birthplace GERMANY (City, town, or county) (State or foreign country)

16. (a) Informant Mrs Margret Ellis
(b) Address LEBANON MO

17. (a) BURIAL (b) Date thereof 4 7 42
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation WASHINGTON CEM

18. (a) Signature of funeral director PALMER'S
(b) Address LEBANON MO

19. (a) April 7-42 (b) Grace Roper
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month APR day 4
year 1942 hour 10 minute A M.

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

Immediate cause of death Coronary Thrombosis Duration

Due to.....
Due to.....

Other conditions (Include pregnancy within 3 months of death) 94a

Major findings: Of operations..... Of autopsy..... PHYSICIAN

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 J a m - Gault (M. D. or other) 0
Address LEBANON MO Date signed 4/6/42

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

RECEIVED

17 1942
District Health Officer No.

17 1942
District File Number 4-16-79

Date Filed April 19, 1942

SEP 21 1942

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

Allyn DeWage

Registered Apprentice No. 294

working under my personal supervision.

Signed *[Signature]*

Licensed Embalmer No. 1161

P. O. Address LEBANON 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.