S. No. 2
1—1-41
. 5-17-39
1 X26390

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JUN 22 1942

Registration District No. 592

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 5790

State File No. 18552

Registrar's No. 11

1. PLACE OF DEATH:

(a) County Montgomery

(b) City or town Rural Montgomery City

(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: 1

(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution ..... (Specify whether years, months or days)

In this community 50 yrs

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Montgomery 70

(c) City or town RURAL 0

(If outside city or town limits, write "RURAL")

(d) Street No. 5 miles east Montg City Mo

(If rural, give location)

(e) Citizen of foreign country? ..... (Yes or No) 0

If yes, name country

3. (a) PRINT FULL NAME Florence Lohman

3. (b) If veteran, name war .....

3. (c) Social Security No. .....

4. Sex Male 0

5. Color or race white

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

6. (b) Name of husband or wife .....

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

7. Birth date of deceased 4/29/1874 (Month) (Day) (Year)

8. AGE: Years 68 Months ..... Days 26 If less than one day ..... hr. ..... min.

9. Birthplace Warrenton Mo (City, town, or county) 0 (State or foreign country)

10. Usual occupation Farmer

11. Industry or business .....

FATHER
12. Name Casper Lohman
13. Birthplace Germany (City, town, or county) 4 (State or foreign country)

MOTHER
14. Maiden name Katherine Rothert
15. Birthplace Germany (City, town, or county) 4 (State or foreign country)

16. (a) Informant Frances Killingbeck
(b) Address Montgomery City Mo

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 5/27/42 (Month) (Day) (Year)
(c) Place: burial or cremation Montgomery City Cem

18. (a) Signature of funeral director C. W. Hopkins
(b) Address Montgomery City Mo

19. (a) May 28 1942 (Date received local registrar) (b) Mrs C. E. Vandurren (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 25 day May year 1942 hour 8 minute 30 pM.

21. I hereby certify that I attended the deceased from Sudden 19..... to Death 19..... ; that I last saw him alive on — — — 19 42, and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Compound fracture of the skull	Immediate
Due to struck by a truck while walking on Highway 19	
Due to — — —	
Other conditions — — — (Include pregnancy within 3 months of death)	
Major findings: Of operations — — —	
Of autopsy None	

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 070
(b) Date of occurrence May 25, 1942
(c) Where did injury occur? Montgomery (City or town) Co. (County) Missouri (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? On Highway 19 about 1 mile South East of Montgomery (Specify type of place)
While at work? Walking on Hwy (e) Means of injury struck by truck

23. Signature Ray Means (M.D. or other) Coroner
Address Jonesburg, Mo. Date signed 5/26/42

1660 (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 me on the 25 th day of May 1942, Registered Apprentice No. ....., working under my personal supervision.

Signed [illegible]

Licensed Embalmer No. 1487

P. O. Address Montgomery City 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.