

Registration District No. 300

Primary Registration District No. 5417

Registrar's No. 19

006
WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH: FRANKLIN Lyon
 (a) County FRANKLIN
 (b) City or town RURAL
 (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 ALL years, months or days

2. USUAL RESIDENCE OF DECEASED:
 (a) State Missouri (b) County Franklin
 (c) City or town Rural
 (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.? 0 years.

3. (a) PRINT FULL NAME AUGUST H LOHMEYER
 3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

20. DATE OF DEATH: Month June day 29
 year 1942 hour 10:30 minute _____ P. M.

4. Sex MALE 5. Color or race W
 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: JULY 19 1880
 (Month) (Day) (Year)

21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____;
 that I last saw him alive on _____, 19____;
 and that death occurred on the date and hour stated above.
 Immediate cause of death _____ Duration _____

8. AGE: Years 62 Months 11 Days 10 If less than one day _____ hr. _____ min.
 9. Birthplace NEW HAVEN Mo
 (City, town, or county) (State or foreign country)
 10. Usual occupation FARMING

Due to Coronary Thrombosis
 Due to _____
 Other conditions (Include pregnancy within 3 months of death) 94 a

11. Industry or business _____
 12. Name H. LOHMEYER
 13. Birthplace GERMANY
 14. Maiden name WILMINA WESSEL-SCHMIDT
 15. Birthplace GERMANY

Major findings:
 Of operations _____
 Of autopsy _____
 PHYSICIAN _____
 Underline the cause to which death should be charged statistically.

16. (a) Informant Louis Lohmeyer
 (b) Address Franklin Mo
 17. (a) BURIAL (b) Date thereof July 1-1942
 (Burial, cremation, or removal) (Month) (Day) (Year)
 (c) Place: burial or cremation BOVEY CEM
 18. (a) Signature of funeral director [Signature]
 (b) Address [Address]
 19. (a) June 30 '42 (b) [Signature]
 (Date received local registrar) (Registrar's signature)

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) (b) Means of injury _____
 23. Signature Ernest P. Altman (M.D. or other) _____
 Address Franklin, Missouri Date signed 6-30-42

1139

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

Carl Jostig

Licensed Embalmer No.

33875

P. O. Address

Heaven

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.

