

FILED AUG 21 1942

Registration District No. 214

Primary Registration District No. 5294

Registrar's No. 4

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

1. PLACE OF DEATH: *Cole.*

(a) County *Lohman*

(b) City or town *Moran*

(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 _____)

In this community _____ years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State *MISSOURI* (b) County *Cole*

(c) City or town *Lohman*

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

(d) Street No. _____ (If rural, give location)

(e) Citizen of foreign country? _____ (Yes or No)

If yes, name country _____

3. (a) PRINT FULL NAME *ANNA M. STROBEL*

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

4. Sex *Female* 5. Color or race *W.*

6. (a) Single, widowed, married *2 divorced Widowed*

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

7. Birth date of deceased *APR 21 1859*

8. AGE: Years *83* Months *3* Days *8*

If less than one day _____ hr. _____ min.

9. Birthplace *Lohman MO.*

10. Usual occupation _____

11. Industry or business _____

MOTHER { 12. Name *Jacob Lockman*

13. Birth place *Germany*

14. Maiden name *Clara Thompson*

15. Birthplace *Germany*

16. (a) Informant *Atto Shyboit*

(b) Address *Lohman Mo*

17. (a) *Burial* (b) Date thereof *7-31-49*

(c) Place: burial or cremation *St Pauls Cem*

18. (a) Signature of funeral director *Russell*

(b) Address *Russellville Mo*

19. (a) *July 30 42* (b) *Mrs. E. W. Plummer*

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month *July* day *29* year *1942* hour *97* minute *45 P.* M.

21. I hereby certify that I attended the deceased from *File 15* 19*42* to *July 29* 19*42*

that I last saw her alive on *July 29* and that death occurred on the date and hour stated above.

Immediate cause of death *Cerebral Hemorrhage*

Due to *Myocardial* year

Due to *arteriosclerosis* year

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

Major findings: Of operations *93d*

Of autopsy _____

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)

(c) Means of injury *2*

23. Signature *E. M. Eberhart* (M. D. or other) *P.O.*

Address *Russellville, Mo.* Date signed *7/30/42*

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

G. M. Stephens

Licensed Embalmer No. *2307*

P. O. Address

Russellville 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.