

FILED JUL 2 1943

Registration District No. 13

Primary Registration District No. 5058

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

1. PLACE OF DEATH:

(a) County Barny
(b) City or town Monett (Rural)
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Monett Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether
In this community about 1 year years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Barny
(c) City or town Monett (Rural)
(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 Karl (Charles) Lorenz

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

4. Sex male 5. Color or race white 6. (a) Single, widowed, married, divorced Widowed
6. (b) Name of husband or wife Elizabeth 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased June 1 1858
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
85 0 2 hr. min.

9. Birthplace Iron Mountain Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation Retired farmer

11. Industry or business _____

12. Name Jacob Lorenz

13. Birthplace Germany
(City, town, or county) (State or foreign country)

14. Maiden name Magdalena Beiser

15. Birthplace Germany
(City, town, or county) (State or foreign country)

16. (a) Informant Wilhelm Lorenz

(b) Address Monett, Mo. R.F.D.

17. (a) Burial (b) Date thereof June 7 1943
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Farmington, Mo.

18. (a) Signature of funeral director Blankenship

(b) Address Monett Purdy Mo.

19. (a) June 5 1943 (b) Audma Willoughby
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 3
year 1943 hour 8 minute 15 P.M.

21. I hereby certify that I attended the deceased from April 15th 1943 to June 3 1943
that I last saw him alive on June 1 1943
and that death occurred on the date and hour stated above.

Immediate cause of death Chronic nephritis Duration 2 yrs

Due to Prostate tumor

Due to _____

Other conditions (include pregnancy within 3 months of death) 131 lb

Major findings: Of operations _____

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) (e) Means of injury _____

23. Signature J. D. Baldwin (M. D. or other)

Address Purdy Mo Date signed 6-4-43

PHYSICIAN

Underline the cause to which death should be charged statistically.

RECEIVED

District Health Officer No. 6,

District File Number 643-790

Date Filed NOV 29 1943

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

L. H. Blankenship

Licensed Embalmer No.

2397

P. O. Address

Month, 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.