. S. No. 2
OM—5-42
v. 5-17-39
I X32873

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

LED DEC 17 1943

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

43390

State File No.

Registration District No. 278 Primary Registration District No. 3054 Registrar's No.

1. PLACE OF DEATH:

(a) County PIKE

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

(c) Name of hospital or institution: MINERAL SPRINGS O Hospital (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or ~~institution~~ 19 DAYS (Specify whether In this community years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State MISSOURI (b) County Pike

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

(d) Street No. NEAR CURRYVILLE (If rural, give location)

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

If yes, name country

3. (a) PRINT FULL NAME ANNA MELBINA LOHSE

3. (b) If veteran, name war NO

3. (c) Social Security No. /

4. Sex FEMALE

5. Color or race WHITE

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

6. (b) Name of husband or wife JAMES CHARLES LOHSE

6. (c) Age of husband or wife if alive 68 years

7. Birth date of deceased JUNE (Month) 17 (Day) 1877 (Year)

8. AGE:

Years	Months	Days	If less than one day
66	4	22	hr. min.

9. Birthplace MARION COUNTY (City, town, or county) IOWA (State or foreign country)

10. Usual occupation Housewife

11. Industry or business

FATHER
12. Name JOHN FEIGHT
13. Birthplace (City, town, or county) GERMANY (State or foreign country)

MOTHER
14. Maiden name Unknown
15. Birthplace (City, town, or county) (State or foreign country)

16. (a) Informant JAMES CHARLES LOHSE

(b) Address CURRYVILLE

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Nov. 11, 1943 (Month) (Day) (Year)

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

18. (a) Signature of funeral director W.B. Elmore

(b) Address Bowling Green Mo.

19. (a) 12/9/43 (Date received local registrar) (b) J C Haley (Registrar's signature) Deputy

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month NOVEMBER day 9 year 1943 hour EIGHT minute 20 A.M.

21. I hereby certify that I attended the deceased from Oct. 22, 1943, to Nov. 9, 1943 that I last saw her alive on Nov. 9, 1943 and that death occurred on the date and hour stated above.

Immediate cause of death angina pectoris — Duration 3 yrs.

Due to

Due to

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

Major findings:
Of operations
Of autopsy

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)

(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? (Specify type of place)

While at work? (e) Means of injury

23. Signature G. L. Bigeard (M.D. or other) DO

Address Louisiana Mo Date signed Nov. 9 /43

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 10
District File Number 12-43-1965
Date Filed DEC 14 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 J B Stone

Licensed Embalmer No. 4039

P. O. Address Louisiana, 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.