

FILED JAN 25 1944

State File No. _____

Registration District No. _____

Primary Registration District No. 1000

Registrar's No. 20

1. PLACE OF DEATH:
 (a) County Buchanan
 (b) City or town St. Joseph
(If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution:
 1605 Francis St. /
(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 53 Years.

2. USUAL RESIDENCE OF DECEASED:
 (a) State Missouri (b) County Buchanan
 (c) City or town St. Joseph
(If outside city or town limits, write "RURAL")
 (d) Street No. 1605 Francis St.
(If rural, give location)
 (e) Citizen of foreign country? No. (Yes or No)
 If yes, name country _____

3. (a) PRINT FULL NAME Clara Mathilda Lorenz

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

4. Sex Female 5. Color or race White 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 April 10 1880
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	53	8	28	hr. _____ min. _____

9. Birthplace St. Joseph Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation Milliner, for

11. Industry or business Engelhart Davison Mer. Co.

12. Name Franz Lorenz

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

14. Maiden name Amalia Von Arn
(City, town, or county) (State or foreign country)

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

16. (a) Informant Miss Mary Lorenz

(b) Address 1605 Francis St.

17. (a) Burial (b) Date thereof Jan. 10 44
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Mrs. Oliver Carpenter

18. (a) Signature of funeral director Hermann J. Schaefer

(b) Address 1802 Union St.

19. (a) 1-10-44 (b) R. R. Hergoy
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan. day 8
 year 1944 hour 12 minute 05 A.M.

21. I hereby certify that I attended the deceased from Dec 28-1943
 _____, 19____, to Jan 8 19____
 that I last saw _____ alive on Jan 7 19____
 and that death occurred on the date and hour stated above.

Immediate cause of death: Heart disease, the Rheumatism

Due to _____

Due to _____

Other conditions _____

(Include pregnancy within 3 months of death)

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 _____ (M. D. or other)

Address _____ Date signed 1-8-44

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

1230

(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.....

working under my personal supervision.

Registered Apprentice No.....

Signed

Herman J. Sidayaden

Licensed Embalmer No. *2728*

P. O. Address: *St. Joseph Ho*

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.