

1. PLACE OF DEATH:

(a) County Warren  
(b) City or town Rural Bekham, Mo  
(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. 1  
(Specify whether

In this community 1  
years, months or days)

3. (a) PRINT FULL NAME Louisa Lohman

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

4. Sex F 5. Color or race W 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Henry W Lohman 6. (c) Age of husband or wife if alive 77 years

7. Birth date of deceased Dec 18 1875  
(Month) (Day) (Year)

8. AGE: Years 68 Months 8 Days 27 If less than one day hr. min.

9. Birthplace Linn, Mo  
(City, town, or county) (State or foreign country)

10. Usual occupation House wife

11. Industry or business

12. Name Geo Schner

13. Birthplace St Charles Co Mo  
(City, town, or county) (State or foreign country)

14. Maiden name Lietta Schner

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

16. (a) Informant Mrs Carrie Gruenfeldt

(b) Address Jonesburg Mo

17. (a) Burial (b) Date thereof 9/17/44  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Wright City Cem.

18. (a) Signature of funeral director Hubert F & Ulo

(b) Address Wright City, Mo

19. (a) Sept 23 1944 (b) Jane B. Bernier  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Warren  
(c) City or town Rural Bekham  
(If outside city or town limits, write "RURAL")

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

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

If yes, name country 0

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept day 25  
year 1944 hour 8:30 minute 0 P. M.

21. I hereby certify that I attended the deceased from Aug. 30  
....., 1944, to Sept 15, 1944

that I last saw her alive on Sept 15, 1944  
and that death occurred on the date and hour stated above.

Immediate cause of death myocarditis  
treated this patient for the last 10 or 15 years, off and on, due to and treated her regularly from Aug 30, 1944 to Sept 15, 1944, due to for myocarditis.

Duration 10 or 15 years

Other conditions General dropsy  
(Include pregnancy within 3 months of death)

Major findings:  
Of operations 9/20/44  
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?

While at work \_\_\_\_\_ (Specify type of place)  
(e) Means of injury 0

23. Signature John H. Dyro (M. D. or other)  
Address Warrenton Mo Date signed 9/16/44

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

10900

RECEIVED

District Health Officer No. 9,

District File Number.....

Date Filed

10-10-44

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

Julius J. Nieburg

Licensed Embalmer No.

3366

P. O. Address

Wright City 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.