S. No. 2
OM—2-43
v. 5-17-39
I X35697

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED NOV 13 1945

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 33764

Registration District No. 128 Primary Registration District No. 2000 Registrar's No. 844

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

39
2
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1. PLACE OF DEATH:

(a) County Greene
(b) City or town Springfield (If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 511 S. Newton (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) 34 Years

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Greene 37
(c) City or town Springfield (If outside city or town limits, write "RURAL") 2
(d) Street No. 511 S. Newton (If rural, give location) 6
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Frank E. Lohmeyer
3. (b) If veteran, name war No
3. (c) Social Security No. UNK.
4. Sex Male 0
5. Color or race White
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Katheryn Lohmeyer
6. (c) Age of husband or wife if alive UNK. years
7. Birth date of deceased April (Month) 8, (Day) 1871 (Year)

8. AGE: Years	Months	Days	If less than one day
✓ 74	7	10	hr. min.

9. Birthplace UNK. (City, town, or county) Germany 4 (State or foreign country)
10. Usual occupation Retired
11. Industry or business Carpenter
FATHER
12. Name Augustus Lohmeyer
13. Birthplace UNK. (City, town, or county) Germany 4 (State or foreign country)
MOTHER
14. Maiden name UNK.
15. Birthplace UNK. (City, town, or county) Germany 4 (State or foreign country)
16. (a) Informant Marie Lohmeyer
(b) Address Springfield, Mo.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 10/20/45 (Month) (Day) (Year)
(c) Place: burial or cremation St. Mary
18. (a) Signature of funeral director H.H. Lohmeyer
(b) Address Springfield, Mo.
19. (a) 10-20-45 (Date received local registrar) (b) Dr W E Handley (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct. day 18 year 1945 hour 6:00 minute p. M.
21. I hereby certify that I attended the deceased from August 14, 1942, to Oct 18, 1945; that I last saw him alive on Oct 9th, 1945 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Gunshot wound of Heart	
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations	
Of autopsy 164c	

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) Suicide
(b) Date of occurrence Oct 18 - 1945
(c) Where did injury occur? Springfield (City or town) Greene (County) Mo (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? Home (Specify type of place)
While at work? No (e) Means of injury Gunshot
23. Signature Geo W Loghboom O (M. D. ~~or other~~)
Address Springfield Mo Date signed 10/14/45

(Licensed Embalmer's Statement on Reverse Side)

9 4

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. Doolin Gorman

Licensed Embalmer No. 2177

P. O. Address Springfield Md

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.