

S. No. 2
OM-2-43
v. 5-17-39
P. I. X35697

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **41487**

Registration District No. **156**

Primary Registration District No. **2001**

Registrar's No. _____

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

1. PLACE OF DEATH:

(a) County **Jasper**
(b) City or town **Joplin**
(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 _____ (Specify whether _____)
In this community **20 years** (years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **Jasper** **49**
(c) City or town **Joplin** **2**
(If outside city or town limits, write "RURAL")
(d) Street No. **1501 Rhode Island** **5**
(If rural, give location)
(e) Citizen of foreign country? **no** (Yes or No) **0**
If yes, name country _____

3. (a) PRINT FULL NAME **George Bruce Lohr**

3. (b) If veteran, name war **World War II** 3. (c) Social Security No. _____

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

6. (b) Name of husband or wife **Neidra Lohr** 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased **June 16, 1906**
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	39	5	23	hr. _____ min. _____

9. Birthplace **Walker Missouri**
(City, town, or county) (State or foreign country)

10. Usual occupation _____

11. Industry or business **Coca-Cola Bottling Co**

MOTHER FATHER

12. Name **R. G. Lohr**

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

14. Maiden name **Nolia Wearen**

15. Birthplace **Clinton Missouri**
(City, town, or county) (State or foreign country)

16. (a) Informant **Mrs Neidra Lohr**

(b) Address **1501 Rhode Island, Joplin, MO**

17. (a) **Burial** (b) Date thereof **12-15-45**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Saginaw Mo.**

18. (a) Signature of funeral director **PARKER-HUNSAKER**

(b) Address **1502 Joplin, Joplin, Mo**

19. (a) **12-15-45** (b) **D. James**
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Dec** day **9**
year **1945** hour **12 noon** minute _____ M.

21. I hereby certify that I attended the deceased from **Dec. 9**
19 **45** to **Dec. 9** 19 **45**

that I last saw him alive on **Dec. 9** 19 **45**
and that death occurred on the date and hour stated above.

Immediate cause of death **Coronary occlusion** Duration _____

Due to _____

Due to _____

Other conditions (Include pregnancy within 3 months of death) _____

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? _____

While at work? _____ (Specify type of place)
(e) Means of injury _____

23. Signature **V.E. Keeney M.D.** (M. D. or other) **0**

Address **311 Miners Bk. Bldg.** Date signed **12/11/45**

1404

45-12-964

~~FEB 1947~~

FEB 4 1947

JAN 7 1946

DEC 29 1945

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 *Steve Parker*

Licensed Embalmer No. *2548*

P. O. Address *Golden Ave*

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.