S. No. 2
M—8-43
. 5-17-39
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

FILED MAR 8 1946

State File No. 4827

Registration District No. 53 Primary Registration District No. 3010 Registrar's No. 55

16

4

3848

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

1. PLACE OF DEATH:

(a) County Cape Girardeau

(b) City or town Cape Girardeau Mo.
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: South East Mo. Hospital 0
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution Hospital 3 days (Specify whether
In this community 3 Days
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Perry 70

(c) City or town Rural Menfro. Mo.
(If outside city or town limits, write "RURAL")

(d) Street No. 0
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No) 0

If yes, name country 1

3. (a) PRINT FULL NAME Emanuel Lohmann

3. (b) If veteran, name war No

3. (c) Social Security No. None

4. Sex Male 0

5. Color or race White

6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Maria Lohmann

6. (c) Age of husband or wife if alive 59 years

7. Birth date of deceased February (Month) 6 (Day) 1881 (Year)

8. AGE: Years 65 Months 0 Days 3 If less than one day ___ hr. ___ min.

9. Birthplace Perry Co. (City, town, or county) Missouri 11 (State or foreign country)

10. Usual occupation Farmer

11. Industry or business None

FATHER
12. Name Henry Lohmann
13. Birthplace unk (City, town, or county) Germany 4 (State or foreign country)

MOTHER
14. Maiden name Christina Steffens
15. Birthplace unk (City, town, or county) Germany 4 (State or foreign country)

16. (a) Informant Maria Lohmann
(b) Address Menfro R # 1

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 2-13-1946 (Month) (Day) (Year)
(c) Place: burial or cremation Crosstown Mo.

18. (a) Signature of funeral director Young & Sons
(b) Address Perryville Mo

19. (a) 2-13-1946 (Date received local registrar) (b) C. C. Summers (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month February day 9 year 1946 hour 2 minute 50 P.M.

21. I hereby certify that I attended the deceased from Feb 7, 1946 to Feb 9, 1946 that I last saw him alive on Feb 9, 1946 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Skull pacture	3 days
Due to Fall from farm wagon	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations	
Of autopsy	

186a-5
18

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) Accident 79

(b) Date of occurrence Feb 6 1946

(c) Where did injury occur? Menfro (City or town) Perry Co. (County) Mo (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? Farm (Specify type of place)

While at work? Yes (e) Means of injury Fall

23. Signature R. A. Ritter M.D. (M. D. or other) 0

Address Cape Girardeau Mo Date signed 2-12-46

44

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED

District Health Officer No. 4

District File Number 346-1284

Date Filed 3-6-46

MAR 19 1946

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 Edward L. Young

Licensed Embalmer No. 2138

P. O. Address Perryville 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.