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

FILED MAR 6 1946

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 5054

Registration District No. 82 Primary Registration District No. 5017 Registrar's No. 17

1. PLACE OF DEATH:
(a) County Cooper
(b) City or town Boonville
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: At home. 1
(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 60 Years.

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Cooper 27
(c) City or town Boonville 1
(If outside city or town limits, write "RURAL")
(d) Street No. 307 E. High St. 2
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No) 0
If yes, name country ----

3. (a) PRINT FULL NAME Mrs. Mayme Lohse.
3. (b) If veteran, name war ---
3. (c) Social Security No. ---
4. Sex Female 1
5. Color or race White
6. (a) Single, widowed, married, divorced Widowed 2
6. (b) Name of husband or wife Fred G. Lohse.
6. (c) Age of husband or wife if alive ..... years
7. Birth date of deceased March (Month) 30 (Day) 1873 (Year)

8. AGE: Years 73 Months 10 Days 18 If less than one day ..... hr. ..... min.

9. Birthplace Perryville, Kansas 1
(City, town, or county) (State or foreign country)
10. Usual occupation Housewife.
11. Industry or business At home.
MOTHER FATHER
12. Name Frank Gibbons. 4
13. Birthplace England 4
(City, town, or county) (State or foreign country)
14. Maiden name Alice Punshon
15. Birthplace England 4
(City, town, or county) (State or foreign country)
16. (a) Informant Mrs. Laura Naumann
(b) Address Boonville, Mo.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Feb. 19th/46 (Month) (Day) (Year)
(c) Place: burial or cremation Walnut Grove Cem.
18. (a) Signature of funeral director Goodman & Holler
(b) Address Boonville, Mo.
19. (a) 2-19-46 (Date received local registrar) (b) Clay Morris (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb. day 17 year 1946 hour 1 minute 30a M.
21. I hereby certify that I attended the deceased from December 27, 1945 to February 17, 1946 that I last saw her alive on February 16, 1946; and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Hypostatic pneumonia	3 days
Due to Cardiac decompensation et Chronic Myocarditis	4 wks.
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? (Specify type of place)
While at work? (e) Means of injury 2
23. Signature Donald D. Armbruster (M. D. or other) D.O.
Address Boonville, Missouri Date signed 2-18-46

(Licensed Embalmer's Statement on Reverse Side)

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

4059

RECEIVED
District Health Officer No. 8,
District File Number
Date Filed 3-5-46

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 G. F. Boller
Licensed Embalmer No. 3062
P. O. Address Boonville, 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.