

FILED FEB 20 1946
Registration District No. **146**

Primary Registration District No. **5568**

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

1. PLACE OF DEATH:
 Jackson
 (a) County **Independence Rural Blue**
 (b) City or town **Independence Rural Blue**
(If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution:
39th & Crackerneck Rd (Rural)
(If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution **XX**
(Specify whether years, months or days)
 In this community **60 years**
years, months or days

2. USUAL RESIDENCE OF DECEASED:
 (a) State **Missouri** (b) County **Jackson 47**
 (c) City or town **Independence 11**
(If outside city or town limits, write "RURAL")
 (d) Street No. **39th & Crackerneck Road 11**
(If rural, give location)
 (e) Citizen of foreign country? **No 13**
(Yes or No)
 If yes, name country _____

3. (a) PRINT FULL NAME **MRS. Elizabeth Lohmann**
 3. (b) If veteran, name war **XX**
 3. (c) Social Security No. **None**

4. Sex **Fe** 5. Color or race **Wh**
 6. (a) Single, widowed, married, divorced. **Widowed**
 6. (b) Name of husband or wife **John R. Lohman**
 6. (c) Age of husband or wife if alive **XX** years
 7. Birth date of deceased **August 11 1868**
(Month) (Day) (Year)

8. AGE:
 Years **77** Months **5** Days **16**
 If less than one day hr. min.

9. Birthplace: **Lindenau Germany 4**
(City, town, or county) (State or foreign country)

10. Usual occupation: **Housewife**

11. Industry or business:

MOTHER FATHER
 { **12. Name** **Woritz Turcke**
 { **13. Birthplace** **Germany 1**
(City, town, or county) (State or foreign country)
 { **14. Maiden name** **Christina Kluge**
 { **15. Birthplace** **Germany 1**
(City, town, or county) (State or foreign country)

16. (a) Informant: **Mrs. C.R. Barrow**
(b) Address: **39th & Crackerneck, Indep. Mo**

17. (a) (b) Date thereof: **Burial 11-30-46**
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation: **Forest Hill**

18. (a) Signature of funeral director: **J.W. Wagner**
(b) Address: **Kansas City, Mo.**

19. (a) 1-29-46 (b) [Signature]
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month **Jan.** day **27**
 year **1946** hour **8:** minute **45 A** M.

21. I hereby certify that I attended the deceased from Jan 2-1 1946 to Jan 27 1946 that I last saw her alive on Jan 27 1946 and that death occurred on the date and hour stated above.

Immediate cause of death **Chronic Myocarditis**
 Due to _____
 Due to _____
 Other conditions: _____
(Include pregnancy within 3 months of death)

PHYSICIAN
 Major findings: **73d**
 Of operations _____
 Of autopsy _____
 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: **Char W. Lee** (M. D. or other) **1946**
Address: **2608 Independence** Date signed **1/28/46**

671. See
2608 Underwriter
AE 0494

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 Miss R. Haenschel
Licensed Embalmer No. 4159
P. O. Address Kansas 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.