

S. No. 2  
M-2-43  
7-5-17-39  
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DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

20800

State File No. \_\_\_\_\_

**FILED JUL 15 1946**

Registration District No. 155

Primary Registration District No. 5577

Registrar's No. 91

**1. PLACE OF DEATH:**  
 (a) County Jasper  
 (b) City or town Asbury  
(If outside city or town limits, write "RURAL" and name of township)  
 (c) Name of hospital or institution:  
No street number  
(If not in hospital or institution, write street number or location)  
 (d) Length of stay: In hospital or institution \_\_\_\_\_  
(Specify whether \_\_\_\_\_)  
 In this community 30 years  
years, months or days

**2. USUAL RESIDENCE OF DECEASED:**  
 (a) State Missouri (b) County Jasper  
 (c) City or town Asbury  
(If outside city or town limits, write "RURAL")  
 (d) Street No. None  
(If rural, give location)  
 (e) Citizen of foreign country? No. (Yes or No)  
 If yes, name country \_\_\_\_\_

**3. (a) PRINT FULL NAME** MARY WRIGHT LORENZ  
 3. (b) If veteran, name war None  
 3. (c) Social Security No. None

**MEDICAL CERTIFICATION**  
 20. DATE OF DEATH: Month June day 9,  
 year 1946 hour 9:15 minute P. M.  
 21. I hereby certify that I attended the deceased from April  
30, 1946 to June 8, 1946  
 that I last saw her alive on May 28, 1946  
 and that death occurred on the date and hour stated above.

4. Sex Female / 5. Color or race White  
 6. (a) Single, widowed, married, divorced Married  
 6. (b) Name of husband or wife John A. Lorenz  
 6. (c) Age of husband or wife if alive 55 years  
 7. Birth date of deceased June 16, 1897  
(Month) (Day) (Year)

Immediate cause of death:  
Coronary Occlusion  
 Duration \_\_\_\_\_

**8. AGE:** Years 48 Months 11 Days 24  
 If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

Due to \_\_\_\_\_  
 Due to \_\_\_\_\_

9. Birthplace X Colo.  
(City, town, or county) (State or foreign country)

Other conditions \_\_\_\_\_  
(Include pregnancy within 3 months of death)  
 Major findings:  
 Of operations Post operative hernial repair  
 Of autopsy \_\_\_\_\_

10. Usual occupation Housewife

11. Industry or business \_\_\_\_\_

**MOTHER** { 12. Name S. M. Replogle  
 13. Birthplace X Ind.  
(City, town, or county) (State or foreign country)  
 14. Maiden name Anna Wright  
 15. Birthplace X Wis.  
(City, town, or county) (State or foreign country)

**PHYSICIAN**  
 Underline the cause to which death should be charged statistically.  
 \_\_\_\_\_

16. (a) Informant John A. Lorenz  
 (b) Address Asbury, Missouri

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)

17. (a) Burial (b) Date thereof 6-13-46  
(Burial, cremation, or removal) (Month) (Day) (Year)  
 (c) Place: burial or cremation Paradise Cemetery

While at work \_\_\_\_\_ (Specify type of place)  
 (b) Means of injury \_\_\_\_\_  
 Signature E. G. Ulmer M. D.  
 Address Carthage, Mo. Date signed 6-12-46

18. (a) Signature of funeral director Ed. C. Ulmer  
 (b) Address Carthage, Mo.  
 19. (a) JUNE 13, 46 (b) \_\_\_\_\_  
(Date received local registrar) (Registrar's signature)

(Licensed Embalmer's Statement on Reverse Side)

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

46-6-514

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**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..... *Ed Lee*.....  
Licensed Embalmer No..... *2222*.....  
P. O. Address..... *Parthage*.....

**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.**