

FILED AUG 19 1946

Registration District No. 80

Primary Registration District No. 5307

1. PLACE OF DEATH:

(a) County Cole *Moran*

(b) City or town Lohman
(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 _____
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Cole *26*

(c) City or town Lohman, Mo. *0*
(If outside city or town limits, write "RURAL") *0*

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

(e) Citizen of foreign country? _____ (Yes or No) _____
If yes, name country _____

3. (a) PRINT FULL NAME Miss Anna Marie Elizabeth Blochberger

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 8 day 2
1946 year hour 8 minute 45 P.M.

3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

21. I hereby certify that I attended the deceased from 15 *Jan* to 27 *Aug* 1946
that I last saw him alive on Aug 27 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 Single

Immediate cause of death Cardiac Insufficiency *72 hours*
Due to Coronary Thrombosis *July*

6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive 7 years 1865

7. Birth date of deceased January (Month) 7 (Day) 1865 (Year)

8. AGE: Years 81 Months 6 Days 25 If less than one day hr. _____ min. _____

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

Major findings: Of operations (3)

Of autopsy _____

9. Birthplace Stringtown, Cole County (City, town, or county) (State or foreign country) *U*

10. Usual occupation Housekeeper

11. Industry or business _____

12. Name Adam Blochberger *7*

13. Birthplace Grund Amt Munchberg Bavaria (City, town, or county) (State or foreign country)

14. Maiden name Kunigunda Schmidt

15. Birthplace Bavaria, Germany (City, town, or county) (State or foreign country) *4*

16. (a) Informant Mrs Alfred Raithel

(b) Address Lohman, Mo

17. (a) Burial (b) Date thereof 8-4-46
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Lohman, Mo

18. (a) Signature of funeral director Thos N. Schubert

(b) Address Russellville, Mo.

19. (a) 8-3-46 (b) Mrs. M. Nittermeyer
(Date received local registrar) (Registrar's signature)

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 1.

3. Signature E. M. Chew (M. D. or other) D.O.
Address Russellville Date signed 8/3/46

MOTHER FATHER

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

RECEIVED
District Health Officer No. 9,
District File Number 8-46-160
Date Filed 8-13-46

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..... *Walter N. Schubert*
Licensed Embalmer No. 2820
P. O. Address Russellville, 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.