

THE STATE BOARD OF HEALTH OF MISSOURI
 STANDARD CERTIFICATE OF DEATH

State File No. **13548**
1761
 Registrar's No.

FILED APR 28 1947
 Registration District No. **149**

Primary Registration District No. **1002**

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

1. PLACE OF DEATH:
 (a) County **Jackson**
 (b) City or town **Kansas City**
(If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution **Menorah Hospital**
(If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution **6 weeks 3 days**
12 years
(Specify whether in this community years, months or days)

2. USUAL RESIDENCE OF DECEASED:
 (a) State **Missouri** (b) County **Jackson**
 (c) City or town **Kansas City**
(If outside city or town limits, write "RURAL")
 (d) Street No. **557 Stonewall Court**
(If rural, give location)
 (e) Citizen of foreign country? **No** (Yes or No)
 If yes, name country _____

3. (a) PRINT FULL NAME **GEORGE CURTIS LOHMAN**
 (b) If veteran, name war **No**
 (c) Social Security No. **495-07-8063**

MEDICAL CERTIFICATION
 20. DATE OF DEATH: Month **Apr.** day **17**
 year **1947** hour **12:** minute **30** A. M.

4. Sex **Ma** 5. Color or race **Wh**
 6. (a) Single, widowed, married, divorced **Married**
 6. (b) Name of husband or wife **Rose Mary Lohman**
 6. (c) Age of husband or wife if alive **30** years
 7. Birth date of deceased **November 30 1913**
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from **1946** to **April 18 1947**
 that I last saw him alive on **April 16 1947**
 and that death occurred on the date and hour stated above.

8. AGE: Years **33** Months **4** Days **17**
 If less than one day hr. min.

Immediate cause of death **Rheumatic Fever**
 Due to _____
 Due to _____

9. Birthplace **Lathrop Mo.**
(City, town, or county) (State or foreign country)
 10. Usual occupation **Price Auditor**
 11. Industry or business **Parkview Drug Co.**

Other conditions **Hypertension**
(Include pregnancy within 3 months of death)
 Major findings:
 Of operations _____
 Of autopsy **928**

MOTHER FATHER
 12. Name **George T. Lohman**
 13. Birthplace **Plattsburg Mo.**
(City, town, or county) (State or foreign country)
 14. Maiden name **Sallie B. Carter**
 15. Birthplace **Lathrop Mo.**
(City, town, or county) (State or foreign country)

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

16. (a) Informant **Mrs. Rose Mary Brennan Lohman**
 (b) Address **557 Stonewall Court**
 17. (a) **Burial** (b) Date thereof **4-19-47**
(Burial, cremation, or removal) (Month) (Day) (Year)
Calvary Cemetery
 (c) Place: burial or cremation _____
 18. (a) Signature of funeral director **J. Wagner**
Kansas City, Mo.
 (b) Address _____
 19. (a) **4-18-47** (b) **Therese Holmed**
(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?
(Specify type of place)
 While at work? _____ (e) Means of injury _____
 23. Signature **J. Wagner** (M. D. or other) _____
 Address **306 E 12** Date signed **4/18/47**

446251947

original
21-8244

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 Alvin R. Hausschild
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.