

1. PLACE OF DEATH:

(a) County CLAY  
(b) City or town PLATE TOWNSHIP  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
6 MI. SOUTH + 1/2 MI. WEST, SMITHVILLE  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether  
In this community 2 DAYS  
years, months or days)

3. (a) PRINT FULL NAME GEORGE HENRY LOEHR

3. (b) If veteran, name war \_\_\_\_\_ (c) Social Security No. ✓

4. Sex MALE 5. Color or race WHITE 6. (a) Single, widowed, married, divorced MARRIED

6. (b) Name of husband or wife ADR L. LOEHR 6. (c) Age of husband or wife if alive 51 years

7. Birth date of deceased APRIL 30 1893  
(Month) (Day) (Year)

8. AGE: Years 54 Months 0 Days 14 If less than one day hr. \_\_\_\_\_ min. \_\_\_\_\_

9. Birthplace GLASGOW MO. 0  
(City, town, or county) (State or foreign country)

10. Usual occupation FARMER

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

12. Name WILLIAM LOEHR

13. Birthplace UNKNOWN 9  
(City, town, or county) (State or foreign country)

14. Maiden name MARY UNKNOWN

15. Birthplace \_\_\_\_\_  
(City, town, or county) (State or foreign country)

16. (a) Informant FRANKLIN LOEHR 1

(b) Address GRANDVIEW, MO

17. (a) BURIAL (b) Date thereof MAY 17 1947  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation BELTON, MO

18. (a) Signature of funeral director E. K. George's Sons

(b) Address Belton, Mo.

19. (a) May 17 - 1947 Beulah Kitcher  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State MISSOURI (b) County JACKSON 48  
(c) City or town GRANDVIEW 0  
(If outside city or town limits, write "RURAL")  
(d) Street No. 1  
(If rural, give location)  
(e) If foreign born, how long in U. S. A.? NO years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month MAY day 17  
year 1947 hour 5 minute \_\_\_\_\_ M.

21. I hereby certify that I attended the deceased from March 17 1946 to May 14 1947  
that I last saw him alive on May 14 1947  
and that death occurred on the date and hour stated above.

Immediate cause of death Coronary thrombosis

Due to Coronary disease

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

Other conditions Bronchial Asthma  
(Include pregnancy within 3 months of death)

Major findings: \_\_\_\_\_

Of operations \_\_\_\_\_

Of autopsy \_\_\_\_\_

Duration

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? \_\_\_\_\_

While at work? \_\_\_\_\_ (Specify type of place) (e) Means of injury 0

23. Signature Beulah Kitcher (M. D. or other) \_\_\_\_\_  
Address Smithville Mo Date signed 5/15/47

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

24  
0  
0

MOTHER FATHER

RECEIVED

District Health Officer No. 8,

District File Number.....

Date Filed 5-21-47

*See also  
Lynch*

SEP 13 1947

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 A. T. George

Licensed Embalmer No. 3645

P. O. Address Brandonville 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, above space should be left blank.