

FILED JUN 13 1947

Registration District No. **209**

Primary Registration District No. **3043**

Registrar's No. **222**

1. PLACE OF DEATH:
 (a) County **Marion**
 (b) City or town **Hannibal**
(If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution: **St. Elizabeth** *0*
(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 **Missouri** (b) County **Ralls** *87*
 (c) City or town **Hannibal** *0*
(If outside city or town limits, write "RURAL")
 (d) Street No. **R.R. # 4** *0*
(If rural, give location)
 (e) Citizen of foreign country? _____ (Yes or No)
 If yes, name country _____

3. (a) PRINT FULL NAME **Emma Behnbauer Loehrke**
 3. (b) If veteran, name war _____
 3. (c) Social Security No. _____

MEDICAL CERTIFICATION
 20. DATE OF DEATH: Month **June** day **5**
 year **1947** hour **5** minute **30** P.M.

4. Sex **Female** 5. Color or race **White**
 6. (a) Single, widowed, married, divorced **Widowed**
 6. (b) Name of husband or wife **August Loehrke**
 6. (c) Age of husband or wife if alive _____ years
 7. Birth date of deceased **September 12, 1876**
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from **4-8-47**
 _____, 19____, to _____, 19____;
 that I last saw h_er alive on **6-5-47**, 19____;
 and that death occurred on the date and hour stated above.

8. AGE:	Years	Months	Days	If less than one day
	70	8	23	_____ hr. _____ min.

Immediate cause of death **Cardiac decompensation** *24 hours*
 Due to **Trauma following burn** *2 mos.*
 Due to _____

9. Birthplace **Sunnyside, Ralls County** *0*
(City, town, or county) (State or foreign country)

Other conditions **Burns 1st & 2nd degree 45% of body area** *2 mos.*
(include pregnancy within 3 months of death)

10. Usual occupation **Housewife**

Major findings: **Of operations** *PHYSICIAN*

MOTHER FATHER

11. Industry or business **XX**
 12. Name **William Lehenbauer**
 13. Birthplace **Berlin Germany** *4*
(City, town, or county) (State or foreign country)
 14. Maiden name **Julia Neunberger**
 15. Birthplace **Bermy** *4*
(City, town, or county) (State or foreign country)

Of autopsy _____ *PHYSICIAN*
Underline the cause to which death should be charged statistically.

16. (a) Informant **Roy Loehrke**
 (b) Address **Palmyra Missouri**
 17. (a) **Burial** (b) Date thereof **6/8/1947**
(Burial, cremation, or removal) (Month) (Day) (Year)
 (c) Place: burial or cremation **Hydesburg**

22. If death was due to external causes, fill in the following:
 (a) Accident, suicide, or homicide (specify) **Burns** *119*
 (b) Date of occurrence **4-8-47**
 (c) Where did injury occur? **Hannibal Marion Mo.**
(City or town) (County) (State)
 (d) Did injury occur in or about home, on farm, in industrial place, in public place?
In yard raking leaves.
(Specify type of place)

18. (a) Signature of funeral director **W. E. M. Lucke**
 (b) Address **902 Broadway Hannibal Missouri**
 19. (a) **6-6-47** (b) **W. E. M. Lucke**
(Date received local registrar) (Registrar's signature)

While at work: **Yes** (e) Means of injury **Burns**
 23. Signature **W. E. M. Lucke** (M. D. or F. D.) *0*
 Address **Holmes Bldg., Hannibal, Mo** Date signed **6-6-47**

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

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.....

W. Crawford Smith

Licensed Embalmer No..... 3814.....

P. O. Address..... Hannibal Missouri.....

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.