S. No. 2
M—1/47
5-17-39

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 1522

FILED FEB 6 1948

Registration District No. 1486 Primary Registration District No. 2001 Registrar's No.

49
2
5

Dr Paul Walker

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

1. PLACE OF DEATH:
(a) County Jas Jasper
(b) City or town Joplin
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Freeeman
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 4 days (Specify whether
In this community 69 years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Jasper 49
(c) City or town Carl Junction 3
(If outside city or town limits, write "RURAL")
(d) Street No. 0
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No) 1
If yes, name country

3. (a) PRINT FULL NAME George W Lochrie
3. (b) If veteran, name war
3. (c) Social Security No.

4. Sex male 6
5. Color or race white
6. (a) Single, widowed, married, divorced widowed 4
6. (b) Name of husband or wife Elizabeth
6. (c) Age of husband or wife if alive deceased years
7. Birth date of deceased January (Month) 11 (Day) 1863 (Year)

8. AGE: Years 85 Months 0 Days 8 If less than one day hr. min.

9. Birthplace champaign (City, town, or county) Illinois (State or foreign country) 1
10. Usual occupation retired
11. Industry or business stock buyer
FATHER
12. Name John Lochrie
13. Birthplace (City, town, or county) Scotland (State or foreign country) 4
MOTHER
14. Maiden name Flora Crow
15. Birthplace (City, town, or county) Illinois (State or foreign country) 1
16. (a) Informant R.W. Lochrie
(b) Address Chillicothe, Missouri
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Jan 21, 1948 (Month) (Day) (Year)
(c) Place: burial or cremation Carl Junction Cemetery
18. (a) Signature of funeral director Knell Mortuary
(b) Address Carthage, Missouri
19. (a) 1-20-48 (Date received local registrar) (b) Dolores Lampkins DR (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan day 19t
year 1948 hour 7 .20 P M minute M.

21. I hereby certify that I attended the deceased from Jan 18, 1948 to Jan 19, 1948; that I last saw him alive on Jan 19, 1948; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Hypostatic Pneumonia	3 days
Due to Confinement in bed	
Due to Acute Urinary retension + uremia	?
Other conditions (Include pregnancy within 3 months of death)	

135

Major findings:
Of operations not done
Of autopsy not done

PHYSICIAN
Underline the cause of 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? (Specify type of place)
While at work? (e) Means of injury 0

23. Signature P M Walker (M. D. or other)
Address 518 Pris co Bldg Joplin Mo Date signed 1-20-48

Jefferson City Printing Co. 150 (Licensed Embalmer's Statement on Reverse Side)

48-1-81

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 Frank W. Kuell Jr

Licensed Embalmer No. 4440

P. O. Address Carthage

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.