No. 2
-1/47
-17-39

FEDERAL SECURITY AGENCY
National Office of Vital Statistics
FILED MAR 1 1948

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 4529

Registration District No. 128 — Primary Registration District No. 2000 — Registrar's No. 142

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

1. PLACE OF DEATH:
(a) County: Greene
(b) City or town: Springfield
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: St. Johns Hospital 0
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution: 8 days (Specify whether
In this community: 63 years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State: Missouri (b) County: Greene 39
(c) City or town: Springfield 2
(If outside city or town limits, write "RURAL")
(d) Street No.: 1640 East Grand Street 6
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country:

3. (a) PRINT FULL NAME: WILL C. LOHMEYER
3. (b) If veteran, name war: None
3. (c) Social Security No.: None
4. Sex: Male 0
5. Color or race: White
6. (a) Single, widowed, married, divorced: Married 1
6. (b) Name of husband or wife: Mrs. Marian Lohmeyer
6. (c) Age of husband or wife if alive: 58 years
7. Birth date of deceased: August (Month) 16, (Day) 1874 (Year)

8. AGE:

Years	Months	Days	If less than one day
73	5	27	hr. min.

9. Birthplace: New York City, New York (City, town, or county) (State or foreign country) 1
10. Usual occupation: Retired 1
11. Industry or business: City Utilities Commissioner
FATHER
12. Name: August Lohmeyer
13. Birthplace: Unknown (City, town, or county) Germany (State or foreign country) 4
MOTHER
14. Maiden name: Earnestine Klingenberg 1
15. Birthplace: Unknown (City, town, or county) Germany (State or foreign country) 4
16. (a) Informant: Mrs. Marian Lohmeyer (Wife)
(b) Address: 1640 East Grand Street, City
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: 2/16/1948 (Month) (Day) (Year)
(c) Place: burial or cremation: St. Mary's Cemetery
18. (a) Signature of funeral director: Alma Lohmeyer Fun'l Home
(b) Address: Springfield, Missouri
19. (a) 2-16-48 (Date received local registrar) (b) W. E. Handley M.D. (Registrar's signature) 111

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb. day 13 year n 1948 hour 9 minute 20 a M.
21. I hereby certify that I attended the deceased from 1/30/48, 19..., to 2/13/48, 19...; that I last saw him alive on 2/13/48, 19...; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Coronary thrombosis, acute	9 da.
Due to:	
Due to:	
Other conditions (Include pregnancy within 3 months of death):	
Major findings: Of operations:	
Of autopsy:	

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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: J. B. Lemmon, Dr. (M. D. or other) M.D.
Address: Springfield, Mo. Date signed: 2/14/48

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

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 Lee Mason, Registered Apprentice No. 477, working under my personal supervision.

Signed: Jewell E. Wright

Licensed Embalmer No. 2831

P. O. Address Springfield, 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.