

No. 2  
1-5-43  
5-17-39  
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DEPARTMENT OF COMMERCE

BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

11303

State File No. \_\_\_\_\_

FILED APR 7 1948

Registration District No. 368

Primary Registration District No. 6247

Registrar's No. 5

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

1. PLACE OF DEATH:

(a) County WASHINGTON  
(b) City or town SULLIVAN MO  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution: HOME Johnson Inf 1  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 75 YRS (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State MO (b) County WASHINGTON  
(c) City or town SULLIVAN  
(If outside city or town limits, write "RURAL")  
(d) Street No. R.R. 5 HAMILTON-FORD RD  
(If rural, give location)  
(e) Citizen of foreign country? No (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME MAGGIE LAHMANN

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

4. Sex FEMALE 5. Color or race WHITE  
6. (a) Single, widowed, married, Divorced WIDOWED  
6. (b) Name of husband or wife GEORGE LAHMANN 6. (c) Age of husband or wife if alive \_\_\_\_\_ years  
7. Birth date of deceased SEPT 29 1872  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
75 5 24 hr. min.

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

10. Usual occupation HOUSEWIFE

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

12. Name RICHARD POPE 4

13. Birthplace LIVERPOOLE ENGLAND (City, town, or county) (State or foreign country)

14. Maiden name MARGARET MCINTOSH

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

16. (a) Informant EDGAR LAHMANN

(b) Address POTOSI MO

17. (a) BURIAL (b) Date thereof 3-26-48  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation ODD FELLOWS CEM.

18. (a) Signature of funeral director [Signature]

(b) Address 347 Clark Sullivan Mo

19. (a) 3/20-48 (b) \_\_\_\_\_  
(Date received local registrar) (Registrar's signature) 339

MEDICAL CERTIFICATION--

20. DATE OF DEATH: Month MARCH day 23  
year 1948 hour 4:15 minute X M.  
21. I hereby certify that I attended the deceased from 3/21 1948  
to 3/23 1948  
that I last saw h. RR alive on 3/23 1948  
and that death occurred on the date and hour stated above.

Immediate cause of death CORONARY THROMBOSIS Duration 30 hrs

Due to Generalized Arteriosclerosis yes.

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

Other conditions CHRONIC CHOLECYSTITIS yes.  
(Include pregnancy within 3 months of death)

Major findings:  
Of operations \_\_\_\_\_  
Of autopsy [Signature]  
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 \_\_\_\_\_

23. Signature John J de la Torre (M. D. or other) [Signature]  
Address Sullivan, Mo Date signed 3/25/48

RECEIVED

District Health Officer No. 4  
District File Number 448-440  
Date Filed 4-6-48

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 Ray W. Olson  
Licensed Embalmer No. 4344  
P. O. Address Baylis, Sullivan, 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.