

FILED JUL 29 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

23845

State File No.

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BIRTH NO. _____ REG. DIST. NO. 156 PRIMARY REG. DIST. NO. 2001 Registrar's No. 310

1. PLACE OF DEATH a. COUNTY <u>Jasper</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Jasper</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>Joplin</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Joplin</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>St John's Hospital</u>		d. STREET ADDRESS (If rural, give location) <u>208 North Sergeant Ave.</u>	
3. NAME OF DECEASED (Type or Print) a. (First) <u>Annie</u>		b. (Middle) <u>LOHMEYER</u>	
c. (Last)		4. DATE OF DEATH (Month) (Day) (Year) <u>July 10, 1949</u>	
5. SEX <u>Female</u>	6. COLOR OR RACE <u>W</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>December 21, 1849</u>
9. AGE (In years last birthday) <u>99</u>	IF UNDER 1 YEAR Months <u>6</u>	IF UNDER 24 HRS. Days <u>20</u>	IF UNDER 1 HRS. Hours <u>0</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>Home Making</u>	11. BIRTHPLACE (State or foreign country) <u>Pittsburg, Penn.</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u>
13a. FATHER'S NAME <u>John A. Hunter</u>		13b. MOTHER'S MAIDEN NAME <u>Mary H. Fowler</u>	
14. NAME OF HUSBAND OR WIFE <u>John A. Lohmeyer</u>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>	
16. SOCIAL SECURITY NO. <u>No</u>		17. INFORMANT'S SIGNATURE OR NAME <u>John Lohmeyer</u>	
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.		17. ADDRESS <u>208 N. Sergeant Joplin, Mo.</u>	
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Renility, 8 Months Disease</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. INTERVAL BETWEEN ONSET AND DEATH <u>794X</u>	
19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>
21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from <u>7-8</u> , 19 <u>49</u> , to <u>7-10</u> , 19 <u>49</u> , that I last saw the deceased alive on <u>7-10</u> , 19 <u>49</u> , and that death occurred at <u>6:00P.</u> m., from the causes and on the date stated above.			
23a. SIGNATURE <u>B. B. Coats</u>		23b. ADDRESS <u>Joplin Mo.</u>	
23c. DATE SIGNED <u>7-15-49</u>		24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>	
24b. DATE <u>July 13, 1949</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Ozark Memorial Park</u>	
24d. LOCATION (City, town, or county) (State) <u>Joplin, Missouri</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Thornhill-Dillon</u>	
25. ADDRESS <u>Joplin, Mo.</u>		DATE REC'D BY LOCAL REG. <u>7-16-49</u>	
REGISTRAR'S SIGNATURE <u>Ed. J. James</u>		ADDRESS <u>138 Myrtle St. Joplin, Mo.</u>	

(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED 7-27-49

Jasper County Health Office

County File Number 49-7-574

Date Filed 7-28-49

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

William E. Huddleston

Student Embalmer No. 324

working under my personal supervision.

Signed *William E. Huddleston*
Student Embalmer

Signed *Cecilia Shoultz*

Licensed Embalmer No. 3590

P. O. Address *Joplin, 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.