

FILED JUL 21 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

23744

State File No. _____

BIRTH NO. _____ REG. DIST. NO. 3-14 PRIMARY REG. DIST. NO. 3026 Registrar's No. 270

1. PLACE OF DEATH a. COUNTY <u>Jackson</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Mo</u> b. COUNTY <u>Jackson</u>	
b. CITY OR TOWN <u>Independence</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Independence, Rural</u>	
c. LENGTH OF STAY (in this place) <u>10 mi</u>		d. STREET ADDRESS (If rural, give location) <u>6 mi. East 1 (Blue)</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Independence San. Hosp</u>			

3. NAME OF DECEASED a. (First) <u>Bernard</u> b. (Middle) <u>H.</u> c. (Last) <u>Lohr</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>July-8-1950</u>		
5. SEX <u>M</u>		6. COLOR OR RACE <u>W</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>married</u>	

8. DATE OF BIRTH <u>June 12-1911</u>		9. AGE (in years last birthday) <u>39</u> IF UNDER 1 YEAR Months <u>0</u> Days <u>26</u> IF UNDER 4 HRS. Hours <u>0</u> Min. <u>0</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Maportland Cement Co</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>C</u>	

11. BIRTHPLACE (State or foreign country) <u>Salisbury Mo</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>	
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13a. FATHER'S NAME <u>Ben</u>		13b. MOTHER'S MAIDEN NAME <u>Margaret Gerber</u>		14. NAME OF HUSBAND OR WIFE <u>Mr Vergie Lohr</u>	
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u> (If yes, give war or dates of service)		16. SOCIAL SECURITY NO. <u>475-61-4687</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Mr Vergie Lohr Dnd mo R-2</u>	
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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, asthma, etc. It means the disease, injury, or complication which caused death.		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Shock & Hemorrhage</u>		INTERVAL BETWEEN ONSET AND DEATH	
		ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last.			
		DUE TO (b) <u>Gunshot wound of chest</u>			
		DUE TO (c)			
		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		<u>2976X</u>	

19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
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21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>Suicide</u>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>Home</u>		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)	
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		21f. HOW DID INJURY OCCUR?	
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22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at _____ m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>Dr C. C. C. Deputy Coroner</u>		23b. ADDRESS <u>3447 Broadway St</u>		23c. DATE SIGNED <u>7-8-50</u>	
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Buried</u>		24b. DATE <u>7-11-50</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Westside Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Independence Mo R2</u>	
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DATE REC'D BY LOCAL REG. <u>July 9, 1950</u>		REGISTRAR'S SIGNATURE <u>[Signature]</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>West Famed Home Blue Springs</u>	
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WRITE PLAINLY—USING UNEADING BLACK INK—MAKE A PERMANENT RECORD

JUL 14 RECD

AUG 2 1953

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 _____

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed *R B Wink*

Licensed Embalmer No. *2353*

P. O. Address *Blue Spring M*

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.