

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 28618

Registration District No. 347 Primary Registration District No. 3018 Registrar's No.

1. PLACE OF DEATH:
(a) County: Henry
(b) City or town: Clinton
(c) Name of hospital or institution: 2
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution. (Specify whether
In this community: years, months or days

3. (a) PRINT FULL NAME: John Lorenz 652
3. (b) If veteran name war: No.
3. (c) Social Security No.

4. Sex: male
5. Color or race: white
6. (a) Single, widowed, married, divorced: married
6. (b) Name of husband or wife: Katy
6. (c) Age of husband or wife if alive: 69 years
7. Birth date of deceased: Jan 21 1867
(Month) (Day) (Year)

8. AGE: Years 73 Months 7 Days 0 If less than one day hr. min.

9. Birthplace: Farmington Mo (City, town, or county) (State or foreign country)
10. Usual occupation: Farmer maker

MOTHER FATHER
11. Industry or business:
12. Name: Phillip Lorenz
13. Birthplace: Germany (City, town, or county) (State or foreign country)
14. Maiden name: Mary Niedert
15. Birthplace: Mo (City, town, or county) (State or foreign country)

16. (a) Informant: Katy Lorenz
(b) Address: Clinton Mo
17. (a) Burial (Burial, cremation, or removal)
(b) Date thereof: 8-21-40 (Month) (Day) (Year)
(c) Place: burial or cremation: Englewood

18. (a) Signature of funeral director: [Signature]
(b) Address: Clinton Mo
19. (a) Sept 7 1940 (Date received local registrar)
(b) J.R. Hampton (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
(a) State: Mo (b) County: Henry
(c) City or town: Clinton
(If outside city or town limits, write "RURAL")
(d) Street No.: 104 South 3rd St (If rural, give location)
(e) If foreign born, how long in U. S. A. ? years.

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month Aug day 21 year 1940 hour 7 minute 30 AM.
21. I hereby certify that I attended the deceased from 10-19 1938 to 8-21 1940 that I last saw him alive on 8-21 1940 and that death occurred on the date and hour stated above.

Immediate cause of death: Coronary occlusion 1/2 hr
Due to: Chronic myocarditis 1 yr.
Due to:
Other conditions: (Include pregnancy within 3 months of death) N 20
Major findings: Of operations:
Of autopsy:
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? 312 (Specify type of place) While at work? (e) Means of injury:
23. Signature: James Hurdle (M. D. or other) (M.D.)
Address: Clinton Mo Date signed: 8-21-40

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

2
4
2

RECEIVED

District Health Officer No. 7,

District File Number 9-40-1363

Date Filed 9-16-40

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 J. E. Conalun

Licensed Embalmer No. 1891

P. O. Address Clinton 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, above space should be left blank.