JUN 25

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

Do not use this space.

16515

File No. .....

Registered No. 5009

1. PLACE OF DEATH

County: Jasper

Township: Franklin

City: ..... (No. ..... St. ..... Ward)

Registration District No. 413

Primary Registration District No. 55159

2. FULL NAME: F. W. Loudenslager

(a) Residence: No. ..... St., ... Ward. ..... (If nonresident give city or town and State)
(Usual place of abode)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U.S., if of foreign birth? ..... yrs. ..... mos. ..... ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male

4. COLOR OR RACE: White

5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word): Single

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF

6. DATE OF BIRTH (MONTH, DAY AND YEAR): June 21st 1914.

7. AGE: Years 15 | Months 10 | Days 23 | If LESS than 1 day, ... hrs. or ..... min.

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work: School Student.
(b) General nature of industry, business, or establishment in which employed (or employer): .....
(c) Name of employer: .....

9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Jasper

PARENTS

10. NAME OF FATHER: F. E. Loudenslager

11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY): Shelby Co. Iowa.

12. MAIDEN NAME OF MOTHER: Nadia Walker

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY): Joplin, Mo.

14. INFORMANT: F. E. Loudenslager
(Address): Jasper Mo.

15. FILED June 10 1930 J. F. Barron M.D. REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR): May 14 1930

17. I HEREBY CERTIFY, That I attended deceased from May 15 1930 to May 15 1930, that I last saw him alive on May 15, 1930, and that death occurred, on the date stated above, at about 7 30 P.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS: Drowning — Accidental

183

(duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (SECONDARY) .....

(duration) ..... yrs. ..... mos. ..... ds.

18. WHERE WAS DISEASE CONTRACTED IF NOT AT PLACE OF DEATH? .....

DID AN OPERATION PRECEDE DEATH? ..... DATE OF .....

WAS THERE AN AUTOPSY? .....

WHAT TEST CONFIRMED DIAGNOSIS? .....

(Signed) J. M. Simmons M.D.

May 15 1930 (Address) Coroner Jasper Co.

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL: Paradise Cemetery. DATE OF BURIAL: 5/16th 1930.

20. UNDERTAKER: Teeter Bros. ADDRESS: Jasper Mo.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.