

REC'D MAY 23 1938

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

15286

Do not use this space.

1. PLACE OF DEATH

 (a) County Mercer Registration District No. 556
 (b) Township Morgan Primary Registration District No. 4328 Registered No. _____
 (c) City Princeton (d) Street No. _____
 (If death occurred in Hospital or Institution, write its name instead of street and number)
 (e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME

 (a) Residence, No. _____ St. (If nonresident, give city or town and State)
David F. Loutzenhiser 325

PERSONAL AND STATISTICAL PARTICULARS

 3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married

 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Emma Loutzenhiser
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sept. 9, 1854
 7. AGE YEARS 83 MONTHS 6 DAYS 20 IF LESS than 1 day, _____ hrs. or _____ min.

 OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. minister of Gospel
 9. Industry or business in which work was done, as saw mill, bank, etc. _____
 10. Date deceased last worked at this occupation (month and year) _____ 11. Total time (years) spent in this occupation _____
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ill.FATHER 13. NAME J. Loutzenhiser14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Penn.MOTHER 15. MAIDEN NAME Mrs. Kinley16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ill.17. INFORMANT Mr. Bill Loutzenhiser (ADDRESS) Princeton Mo.18. BURIAL, CREMATION, OR REMOVAL PLACE Ravanna Cem DATE May 1 193819. FUNERAL DIRECTOR Noel Moss (ADDRESS) Princeton, Mo. 49420. FILED 428 1938 J. M. Perry Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) April 29, 193822. I HEREBY CERTIFY, That I attended deceased from July 1, 1937, to April 29, 1938I last saw him alive on April 29, 1938 Death is said to have occurred on the date stated above, at 2 P. m.

The principal cause of death and related causes of importance were as follows:

Broncho Pneumonia Date of onset _____Other contributory causes of importance: Paralysis agitansName of operation no Date of _____What test confirmed diagnosis phys Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? _____ Date of injury _____, 19____

Where did injury occur? _____ (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury _____

Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? no

If so, specify _____

(Signed) J. M. Perry M. D.(Address) Princeton Mo.

STATEMENT BY LICENSED EMBALMER

I, Nael Mass, Licensed Embalmer No. 2634

hereby certify that the body recorded on the reverse side of this certificate was embalmed by me

L. E.

No. _____ or by _____, Registered Apprentice No. _____
working under my personal supervision.

Signed Nael Mass

Licensed Embalmer No. 2634

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.)