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.

REC'D JUN 14 1938

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

17712
Do not use this space.

1. PLACE OF DEATH
(a) County Buchanan, Registration District No. 85
(b) Township Primary Registration District No. 1C01 Registered No. 487
(c) City St. Joseph, (d) Street No. 2718 South 24th. St.
(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 40 yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Milton M. Loomis,
(a) Residence, No. 2718 South 24th. St.
(Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

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) Sept. 10, 1863
7. AGE: YEARS 74, MONTHS 7, DAYS 22, If LESS than 1 day, ...hrs. or ....min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Clerk,
9. Industry or business in which work was done, as saw mill, bank, etc. Retail Cigars,
10. Date deceased last worked at this occupation (month and year) May 1933
11. Total time (years) spent in this occupation 25

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Buchanan County, Missouri,

FATHER
13. NAME Orten M. Loomis,
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown, New York,

MOTHER
15. MAIDEN NAME Louisa E. Miller,
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown, Virginia,

17. INFORMANT (ADDRESS) Mrs. Ella M. Phelps 2718 So. 24th. Str.
18. BURIAL, CREMATION, OR REMOVAL
PLACE Ashland Cem. DATE May 3rd. 1938
19. FUNERAL DIRECTOR (ADDRESS) Heaton & Bergale & Bowman 319 So. 10th. Str. Funeral Home
20. FILED 5-3 1938 [signature] Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 2nd, 1938
22. I HEREBY CERTIFY, That I attended deceased from April 12, 1938, to May 2, 19..
I last saw him alive on April 30, 1938 Death is said to have occurred on the date stated above, at 4:00 a.m.
The principal cause of death and related causes of importance were as follows:
Ca of stomach — Date of onset 2 yrs.
46
Other contributory causes of importance: Bilateral hernia hernia inguinal inguinal
Name of operation none Date of
What test confirmed diagnosis? none 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) [signature], M. D.
(Address) 620 Francis

(Licensed Embalmer's Statement on Reverse Side)

STATEMENT BY LICENSED EMBALMER

I, Harold Bowman, Licensed Embalmer No. 3619

hereby certify that the body recorded on the reverse side of this certificate was embalmed by W. E. Summerfie

L. E.

No. 3007 or by, Registered Apprentice No.

working under my personal supervision.

Signed Harold Bowman

Licensed Embalmer No. 3619

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply wit the above constitutes grounds for revocation of license.)