REC'D SEP 23 1938

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

228976
Do not use this space.

1. PLACE OF DEATH
(a) County Grundy
(b) Township ~~####~~ Myers
(c) City
(d) Street No. 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 yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

Registration District No. 327
Primary Registration District No. 5457
Registered No. 11

2. PRINT FULL NAME James Lewis Looper 160
(a) Residence, No. 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*): Married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Jany 27 1864

7. AGE: Years 74 | Months 7 | Days 4 | If LESS than 1 day, ...hrs. or ....min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.: Retired farmer
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): Upton Iowa

FATHER
13. NAME: J L Looper
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Indiana

MOTHER
15. MAIDEN NAME: Nancy Jane Carberry
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Indiana

17. INFORMANT (ADDRESS): Bert Looper Spickard Mo

18. BURIAL, CREMATION, OR REMOVAL
PLACE: Half Rock Mercer Co DATE: Sept 1 1938

19. FUNERAL DIRECTOR (NAME) (ADDRESS): Chas E Schooler Spickard Mo

20. FILED 9-1- 1938 E C Weston Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): Aug 31 1938

22. I HEREBY CERTIFY, That I attended deceased from March 24, 1938, to August 8, 1938
I last saw him alive on August 17th 1938. Death is said to have occurred on the date stated above, at 5:40 p.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
arteriosclerosis	1933
Chronic Myocarditis	1936

Other contributory causes of importance:

Name of operation: Date of:
What test confirmed diagnosis? physical exam. 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) C E Wise M.D.
299 (Address) Harris, Missouri

(Licensed Embalmer's Statement on Reverse Side)

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.

WRITE PLAINLY WITH INDELIBLE INK—THIS IS A PERMANENT RECORD

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, ...

No Embalming, or by .....,

Registered Apprentice No....., working under my personal supervision.

Signed Chas. C. Schooler

Licensed Embalmer No. 3103

P. O. Address Richard Mo.

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.