REC'D MAR 13 1939

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

7186
Do not use this space.

1. PLACE OF DEATH
(a) County Marion — Registration District No. 548.
(b) Township ~~Liberty~~ — Primary Registration District No. 4323. — Registered No. 12.
(c) City Palmyra — (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 1 yrs. 4 mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

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2. PRINT FULL NAME Jessie Kate Belle Loudermilk
(a) Residence, No. La Grange, Mo. 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: Female
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): Widowed

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Mar. 18th. 1862

7. AGE

YEARS	MONTHS	DAYS	If LESS than 1 day, ...hrs. or ....min.
76	11	5	

OCCUPATION
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. At Home
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) La Grange, Missouri 0

FATHER
13. NAME Joseph Edward Bonney 1
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Rochester New York 9

MOTHER
15. MAIDEN NAME Sarah Abigail Johnson
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

17. INFORMANT (ADDRESS) B. W. Loudermilk La Grange, Mo.

18. BURIAL, CREMATION, OR REMOVAL
PLACE La Grange Cem DATE Feb. 25th 1939

19. FUNERAL DIRECTOR (NAME) (ADDRESS) A. A. Roberts La Grange, Mo.

20. FILED Feb. 25 1939 Gertrude Lee
Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feby 23 1939

22. I HEREBY CERTIFY, That I attended deceased from Oct 9 1930, to Feby 23 1939
I last saw her alive on Feby 17 1939. Death is said to have occurred on the date stated above, at 11:15 A.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Uraemia	
Chronic Nephritis	
Chronic Myocarditis	

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Other contributory causes of importance:
Senile Dementia

Name of operation ..... Date of .....
What test confirmed diagnosis? Clinical 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) Dr. W. E. Ellery, M. D.
(Address) La Grange Mo

(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.

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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, ...

February 23rd. 1939, or by .....

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

Signed [illegible]

Licensed Embalmer No. 1626

P. O. Address La Grange, Mo.

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

If this body is not embalmed, above space should be left blank.