

JUL 11 1939

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

21567
Do not use this space.

1. PLACE OF DEATH

(a) County Buchanan 3 Registration District No. 85
(b) Township Washington Primary Registration District No. 1001 Registered No. 602
(c) City St Joseph Mo. 1 (d) Street No. Premises of Early Hall St.
(If death occurred in Hospital or Institution, give 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

Annible D. Loar
(a) Residence, No. 924 South 11th. St. (If nonresident, give city or town and State)
(Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 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 Jennie Loar

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) May 12th, 1861

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
78 1 0

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.
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 _____
Retired Farmer

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) unk 9

13. NAME Dont Know 9

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Dont Know 7

15. MAIDEN NAME Dont Know

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Dont Know

17. INFORMANT Everett Loar
(ADDRESS) St Joseph Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE New Market Mo. DATE June 15th, 1939

19. FUNERAL DIRECTOR (NAME) (ADDRESS) H. O. Sidenfaden & Son
1802 Union St. St Joseph Mo.

20. FILED June 14 1939 AJ. Neelbush
Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 12, 1939

22. I HEREBY CERTIFY, that I viewed from 6-13-39, 1939, to _____, 19____

I last saw him alive on _____, 19____. Death is said to have occurred on the date stated above, at 2:30 P. M.

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

acute coronary thrombosis
94

Other contributory causes of importance: arteriosclerosis

Name of operation _____ Date of _____

What test confirmed diagnosis? History 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 _____
Cause of injury _____

24. Was disease or injury in any way related to occupation of deceased? no
If so, specify _____

(Signed) B.W. Taubert Coroner
(Address) Spring Hill Rd. St. Joseph 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.

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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, or by.....

Robert P. Clarkson

Registered Apprentice No.....

working under my personal supervision.

Signed

Robert P. Clarkson

Licensed Embalmer No..... 4028

P. O. Address 1802 Union St.

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.