

JUL 15 1939

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

22827
Do not use this space.

1. PLACE OF DEATH
 (a) County Nodaway Registration District No. 625
 (b) Township Maryville Primary Registration District No. 3031 Registered No. 80
 (c) City Maryville (d) Street No. St. Francis Hospital 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. da. (f) How long in U.S., if of foreign birth? yrs. mos. da.

2. PRINT FULL NAME Marco Tennyson Loucks
 (a) Residence, No. Skidmore Mo. 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 M. 4. COLOR OR RACE W. 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Inez Jane Loucks

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) April 12 1886

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, hrs. or min.
	<u>53</u>	<u>2</u>	<u>5</u>	

OCCUPATION

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Auto Dealer

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

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 18 1939

22. I HEREBY CERTIFY That I attended deceased from December 5 1938 to June 18 1939
 I last saw him alive on June 18 1939. Death is said to have occurred on the date stated above, at 10 a.m.
 The principal cause of death and related causes of importance were as follows:

<u>Chronic Myocarditis</u>	Date of onset
<u>Chronic Erythema</u>	<u>2</u>
<u>Chronic Myelitis</u>	<u>3</u>
<u>Cerebral Sclerosis</u>	<u>7</u>

Other contributory causes of importance: Hypertension 121

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Skidmore Mo.

FATHER

13. NAME Abraham Loucks

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Holt Co. Mo.

MOTHER

15. MAIDEN NAME Mary Ellen Iddings

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Holt County Mo.

17. INFORMANT (ADDRESS) Mrs. Inez Loucks Skidmore, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Maitland DATE June 19 1939

19. FUNERAL DIRECTOR (NAME) (ADDRESS) Pizza Funeral Home Maryville Mo.

20. FILED June 20 1939 Mamie & Clardy Local Registrar

Name of operation _____ Date of _____

What test confirmed diagnosis? _____ 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) D. H. Byland, M. D.
 (Address) Skidmore Mo.

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 UNFADING INK—THIS IS A PERMANENT RECORD

74
9
2

VED

Health Officer No. 14

File Number 729-868

d JUL 13 1939

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.....

....., Registered Apprentice No.....

working under my personal supervision.

Signed

John W. Price

Licensed Embalmer No. 3229

P. O. Address Maryville 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.