

REC'D AUG 7 1939

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

24426

Do not use this space.

1. PLACE OF DEATH

(a) County Jackson Registration District No. 1

(b) Township North Primary Registration District No. 1

(c) City Parsons City (d) Street No. Mary Connett (Children's) Registered No. 2639

(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 507 Infant Looney Infant Looney

(a) Residence, No. Adessa, 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 male 4. COLOR OR RACE W. 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) 6-28-39

7. AGE YEARS MONTHS DAYS If LESS than 1 day, 3 hrs. or 3 min.

OCCUPATION

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

9. Industry or business in which work was done, as saw mill, bank, etc. Aborigine

10. Date deceased last worked at this occupation (month and year) ✓ 11. Total time (years) spent in this occupation ✓

12. BIRTHPLACE (CITY OR TOWN) Adessa 0 (STATE OR COUNTRY) Missouri 0

FATHER

13. NAME Charles Looney 1

14. BIRTHPLACE (CITY OR TOWN) Adessa (STATE OR COUNTRY) Missouri

MOTHER

15. MAIDEN NAME Mary Connett

16. BIRTHPLACE (CITY OR TOWN) Clinton (STATE OR COUNTRY) Arkansas

17. INFORMANT Opus Looney (ADDRESS) Adessa, Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Adessa, Mo DATE 6/28 1939

19. FUNERAL DIRECTOR (NAME) F. E. Ferguson (ADDRESS) Adessa, Mo

20. FILED 7/1 1939 M. M. Crow Local Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 28, 1939

22. I HEREBY CERTIFY, That I attended deceased from Birth 6-28 1939 to 6-28 1939

I last saw her alive on 6-28 1939. Death is said to have occurred on the date stated above, at 159 m.

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

Prematurity

Date of onset

Other contributory causes of importance:

Name of operation Clamaf Date of 1939

What test confirmed diagnosis? Clamaf Was there an autopsy? 1939

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? 1939 Date of injury 1939

Where did injury occur? 1939 (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury 1939

Nature of injury 1939

24. Was disease or injury in any way related to occupation of deceased? 1939

If so, specify 1939

(Signed) W. E. Martin

(Address) Adessa, Mo

**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.....

Licensed Embalmer No.....

P. O. Address.....

**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.**