

54
 OCT 12 1939

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

32804
 Do not use this space.

1. PLACE OF DEATH
 (a) County Salisbury Registration District No. 457
 (b) Township Freedom Primary Registration District No. 5621B
 (c) City Emma Mo (d) Street No. 18 Registered No. 18
 (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.
 (If death occurred in Hospital or Institution, write its name instead of street and number)

2. PRINT FULL NAME Maria Loureamp
 (a) Residence, No. 162 St. Mo
 (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 Married
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF William Loureamp
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Nov 29, 1869
 7. AGE YEARS 69 MONTHS 9 DAYS 20 If LESS than 1 day, hrs. or min.
 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Housewife
 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) Germany Mo
 13. NAME John Isaacman
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany Mo
 15. MAIDEN NAME Marquette Newhaus
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany
 17. INFORMANT William Loureamp
 (ADDRESS)

18. BURIAL, CREMATION, OR REMOVAL PLACE Holy Cross Cemetery Sept 11, 1939
 19. FUNERAL DIRECTOR C. J. James
 (ADDRESS) Concordia Mo
 20. FILED Sept 9, 1939 Herbert Shoyman
 Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Sept 9, 1939
 22. I HEREBY CERTIFY, That I attended deceased from August 21, 1939, to Sept 9, 1939
 I last saw him alive on Aug 21, 1939 Death is said to have occurred on the date stated above, at 4:30 a.m.
 The principal cause of death and related causes of importance were as follows:
Coronary Occlusion
66
 Date of onset 9-9-39
 Other contributory causes of importance:
Toxic Thyroid

Name of operation Date of
 What test confirmed diagnosis? Was there an autopsy?
 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) Lesburn Ellis, M. D.
 412 (Address) Sweet Springs, 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.

I X1204

RECEIVED

District Health Officer No. 8

District File Number.....

Date Filed 10/5/39

Dec 10/5/39

STATEMENT BY LICENSED EMBALMER

I, E. S. James, Licensed Embalmer No. 2058

hereby certify that the body recorded on the reverse side of this certificate was embalmed by me

..... L. E.

No. or by, Registered Apprentice No.

working under my personal supervision.

Signed E. S. James

Licensed Embalmer No. 2058

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.)