FILED APR 18 1940

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

10017
Do not use this space.

1. PLACE OF DEATH

(a) County Adair — Registration District No. 4

(b) Township Pettis — Primary Registration District No. 5007 — Registered No. 61

(c) City Yarrow — (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 yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Joseph W Loe K

(a) Residence, No. Same 0 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: 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: Jane Loe

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Oct 28 1855

7. AGE: YEARS 84 — MONTHS 4 — DAYS 9 — If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.: Farmer
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): Mo 0

FATHER
13. NAME: John Loe
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Ill 1

MOTHER
15. MAIDEN NAME: Margret Wood
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Ill 1

17. INFORMANT (ADDRESS): John F. Loe, Yarrow Mo

18. BURIAL, CREMATION, OR REMOVAL
PLACE: Linden Hill DATE: Mar 11, 1940

19. FUNERAL DIRECTOR (NAME) (ADDRESS): W. H. McCollum, South Gifford Mo

20. FILED March 14, 1940 Spencer L. Freeman
Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): Mar 9, 1940

22. I HEREBY CERTIFY, That I attended deceased from March 9, 1940, to March 9, 1940
I last saw him alive on Mar. 9th, 1940. Death is said to have occurred on the date stated above, at 6:30 p.m.
The principal cause of death and related causes of importance were as follows:

Bronchial pneumonia — Date of onset 3/8/40
Senile gangrene of foot and leg.

Other contributory causes of importance: 107 W.

Name of operation: none — 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) Spencer L. Freeman, M. D.
(Address) Kirksville, Mo

(Licensed Embalmer's Statement on Reverse Side)

MARGIN RESERVED FOR BINDING

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.

50M-1-12-38 I X14028

RECEIVED
District Health Officer No. 10
District File Number 4-40-864
Date Filed APR 16 1940

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, W. H. McCollum, or by .....,

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

Signed W. H. McCollum

Licensed Embalmer No. 2052

P. O. Address South Gifford Me

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.