

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

15617

ED MAY 9 1940 624
Registration District No.

Primary Registration District No. 4375

State File No.

Registrar's No. 6

1. PLACE OF DEATH:

(a) County Nodaway
(b) City or town Hopkins
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution. (Specify whether
In this community Life
years, months or days)

3. (a) PRINT FULL NAME ASA FRANCIS LOCH

3. (b) If veteran, name war. 3. (c) Social Security No.

4. Sex M. 5. Color or race W. 6. (a) Single, widowed, married, divorced married
6. (b) Name of husband or wife Rosa Loch 6. (c) Age of husband or wife if alive 72 years
7. Birth date of deceased Mar. 16, 1863
(Month) (Day) (Year)

8. AGE: Years 77 Months - Days 27 If less than one day hr. min.

9. Birthplace Pickering Mo.
(City, town, or county) (State or foreign country)

10. Usual occupation Carpenter

11. Industry or business

12. Name David Loch

13. Birthplace Ind.
(City, town, or county) (State or foreign country)

14. Maiden name Nancy Able

15. Birthplace Not Known
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Nora Moore

(b) Address Bedford Iowa

17. (a) Burial (b) Date thereof Apr. 16, 1940
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Coleman Cemetery

18. (a) Signature of funeral director John W. Prices

(b) Address Marysville Mo.

19. (a) 4-14- (b) O. H. Taylor
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Nodaway
(c) City or town Hopkins
(If outside city or town limits, write "RURAL")
(d) Street No.
(If rural, give location)
(e) If foreign born, how long in U. S. A. years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Apr. 13 day
year 1940 hour 9 minute 30 p. M.

21. I hereby certify that I attended the deceased from 4/4/40 to 4/13/40
that I last saw him alive on 4/13/40, 1940
and that death occurred on the date and hour stated above.

Immediate cause of death Broncho pneumonia
Due to Influenza

Due to

Other conditions (Include pregnancy within 3 months of death) 11/2

Major findings: Of operations

Of autopsy

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify)

(b) Date of occurrence

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place?

555 (Specify type of place)

While at work? (a) Means of injury

23. Signature C. W. R. H. C. (M. D. or other)

Address Hopkins Date signed 4/14/40

RECEIVED
District Health Officer No. 111
District File Number 546234
Date Filed MAY 6 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, 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.