

FILED JUN 22 1940

State File No.

Registration District No. 814

Primary Registration District No. 4490

Registrar's No.

1. PLACE OF DEATH:

(a) County Scott
(b) City or town Benton
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 2
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 6 months
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Scott
(c) City or town Benton
(If outside city or town limits, write "RURAL")
(d) Street No. Highway 55 (Missouri)
(If rural, give location)
(e) If foreign born, how long in U. S. A.? _____ years.

3. (a) PRINT FULL NAME Arnold Harding Loflin 145
(b) If veteran, name war X X X (c) Social Security No. X X

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month May day 8
year 1940 hour 3 minute 30 P.M.

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced single
6. (b) Name of husband or wife X X X 6. (c) Age of husband or wife if alive X X years
7. Birth date of deceased Jan. 14 1923
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____;
that I last saw h_____ alive on _____, 19____;
and that death occurred on the date and hour stated above.

8. AGE: Years 17 Months 3 Days 24 If less than one day _____ hr. _____ min.

Immediate cause of death
Accidental Drowning!
Due to _____
Due to _____

9. Birthplace Clay County Arkansas
(City, town, or county) (State or foreign country)

Other conditions (Include pregnancy within 3 months of death)

10. Usual occupation school boy at school

Major findings: Of operations _____

11. Industry or business _____
12. Name Luther Loflin
13. Birthplace Mississippi Co. Missouri
(City, town, or county) (State or foreign country)
14. Maiden name Columbia Gugs
15. Birthplace Dont know Kentucky
(City, town, or county) (State or foreign country)

Of autopsy none

16. (a) Informant Luther Loflin
(b) Address Benton, Mo.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify) Accident
(b) Date of occurrence May 8th 1940
(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?
138 Public Place
While at work? no (Specify type of place) (e) Means of injury Boat

17. (a) Burial (b) Date thereof 5-10-40
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Charleston, Mo.

18. (a) Signature of funeral director Lair-Nunnelee Service
(b) Address Charleston, Mo.

23. Signature Lair-Nunnelee Jr. Benton Co. Mo.
Address Charleston, Mo. Date signed 5-9-40

19. (a) _____ (b) _____
(Date received local registrar) (Registrar's signature)

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

1-1-40

158
386

RECEIVED

District Health Officer No. 2

District File Number 640-115

Date Filed 6/20/40

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 P. Nunneler Jr

Licensed Embalmer No. 3851

P. O. Address Charleston 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.

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 19693

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

Registration District No. 814

Primary Registration District No. 4490

Registrar's No. _____

1. PLACE OF DEATH:

(a) County Scott
(b) City Benton town
(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 _____
In this community _____ (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State _____ (b) County _____
(c) City or town _____
(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.

3. (a) PRINT FULL NAME Arnold Harding Laffen

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 s

6. (b) Name of husband or wife _____ 6. (c) Age of husband, or wife, if alive _____ years

7. Birth date of deceased _____ (Month) (Day) (Year)

8. AGE: Years 17 Months 3 Days 24 If less than one day _____ hr. _____ min.

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

10. Usual occupation _____

11. Industry or business _____

12. Name _____

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

14. Maiden name _____

15. Birthplace _____ (City, town, or county) _____ (State or foreign country)

16. (a) Informant _____

(b) Address _____

17. (a) _____ (b) Date thereof _____ (Month) (Day) (Year)

(c) Place: burial or cremation _____

18. (a) Signature of funeral director _____

(b) Address _____

19. (a) _____ (b) _____ (Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 8 year 1940 hour _____ minute _____ M.

21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____; that I last saw him _____ alive on _____, 19____, and that death occurred on the date and hour stated above.

Immediate cause of death accidental drowning

Due to While swimming

Due to # no boat - n.m.d.

Other conditions _____ (Include pregnancy within 3 months of death)

Major findings: Of operations _____ Of autopsy _____

Duration _____
PHYSICIAN _____
Underline the cause to which death should be charged statistically.

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? _____

While at work? _____ (Specify type of place) _____ (c) Means of injury _____

23. Signature John F. [unclear]

Address Charleston, Mo.

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

SUPPLEMENTAL

