

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATHState File No. **28997**Registration District No. **502**Primary Registration District No. **4305**Registrar's No. **24**

1. PLACE OF DEATH:

(a) County Lincoln
 (b) City or town Marceline
 (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) 21
 (d) Length of stay: In hospital or institution _____ (Specify whether)
 In this community 17 yrs years, months or days (Specify whether)

8. (a) PRINT FULL NAME

Martin Anthony Loder

8. (b) If veteran, name war _____

8. (c) Social Security No. _____

4. Sex male 5. Color or race white 6. (a) Single, widowed, married, divorced single
 6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if _____
 _____ alive _____ years

7. Birth date of deceased February 12 1923
(Month) (Day) (Year)8. AGE: Years 17 Months 5 Days 20 If less than one day _____ hr. _____ min.9. Birthplace Marceline Mo
(City, town, or county) (State or foreign country)10. Usual occupation at home

11. Industry or business _____

MOTHER FATHER
 { 12. Name Rudolph Loder
 { 13. Birthplace Marceline Mo
 (City, town, or county) (State or foreign country)
 { 14. Maiden name Josephine Nannehan
 { 15. Birthplace Wein Mo
 (City, town, or county) (State or foreign country)

16. (a) Informant's own signature Genevieve Loder
(b) Address Marceline Mo17. (a) Burial (b) Date thereof Aug 5-40
(Burial, cremation, or removal) (Month) (Day) (Year)(c) Place: burial or cremation mt Killian18. (a) Signature of funeral director James Maughlin(b) Address Marceline Mo19. (a) 8-5-40 (b) Oliver Barnett
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug day 2
year 1940 hour 10 minute 30 a. m.21. I hereby certify that I attended the deceased from July, 1939, to August, 1940 that I last saw him alive on July 10, 1940; and that death occurred on the date and hour stated above.Immediate cause of death Sudden DeathDue to Rheumatic endocarditis Duration 4 monthsDue to Rheumatic feverOther conditions ADULTIC VALV
(Include pregnancy within 3 months of death)Major findings: 92%
Of operations _____

Of autopsy _____

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? Yes (Specify type of place) (e) Means of injury _____23. Signature Bob Putman (M. D. or other) MD
Address Marceline Mo Date signed 8/5/40

REC-104
District Health Officer No. 11
District File Number 940-1415
Date Filed SEP-12-1948

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 Dale Bunch
Licensed Embalmer No. 4088
P. O. Address Marceline 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.