DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

# STANDARD CERTIFICATE OF DEATH

State File No. 32732

Registration District No. 627 627 Primary Registration District No. 5 6 9 9 Registrar's No. [illegible]

**1. PLACE OF DEATH:**

(a) County Nodaway

(b) City or town Rural Union township
(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 2 (Specify whether
In this community years, months or days)

**2. USUAL RESIDENCE OF DECEASED:**

(a) State Missouri (b) County Nodaway

(c) City or town Rural P. O. Pickering
(If outside city or town limits, write "RURAL")

(d) Street No. 0
(If rural, give location)

(e) If foreign born, how long in U. S. A.? years.

3. (a) PRINT FULL NAME Charles Amazonia Loch.

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex Male

5. Color or race White

6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Nancy

6. (c) Age of husband or wife if alive 72 years

7. Birth date of deceased Nov. 18, 1867 (Month) (Day) (Year)

8. AGE:

| Years | Months | Days | If less than one day |
|---|---|---|---|
| 72 | 9 | 25 | hr. min. |

9. Birthplace Pickering Mo. (City, town, or county) 0 (State or foreign country)

10. Usual occupation Farmer

11. Industry or business

FATHER
12. Name David Loch
13. Birthplace Ohio (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Nancy A. Abel
15. Birthplace Indiana. (City, town, or county) (State or foreign country)

16. (a) Informant's own signature D W Loch

(b) Address Pickering Mo.

17. (a) White Oak (Burial, cremation, or removal) (b) Date thereof Sept 15 1940 (Month) (Day) (Year)

(c) Place: burial or cremation Near Pickering Mo

18. (a) Signature of funeral director [illegible]

(b) Address Maryville Mo

19. (a) Mrs. L.C. Hackett (Date received local registrar) Sept. 16, 1940 Mrs. L.C. Hackett (Registrar's signature)

**MEDICAL CERTIFICATION**

20. DATE OF DEATH: Month Sept 13 day 1940
year hour 4:00 P. M. minute M.

21. I hereby certify that I attended the deceased from 9-10-40, 19, to 9-13-40, 19;
that I last saw him alive on 9-10-40, 19;
and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral embolist Chr. Myocarditis — Duration 9-13-40

Due to

Due to 92 C

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations none

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? (Specify type of place)

While at work? (e) Means of injury

23. Signature B. J. Byland (M. D. or other)

Address Burlington Junct. Date signed 9-16-40

(Licensed Embalmer's Statement on Reverse Side)

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.

## 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.....

Licensed Embalmer No. 1675

P. O. Address Marysville M

**Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply wi the above constitutes grounds for revocation of license.)**

**If this body is not embalmed, above space should be left blank.**