

FILED OCT 18 1940

Registration District No. 920

Primary Registration District No. 5859

Registrar's No. 1

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

1. PLACE OF DEATH: Ozark  
 (a) County Rural - Jasper Township  
 (b) City or 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) 2  
 (d) Length of stay: In hospital or institution 22 years (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:  
 (a) State MO (b) County Ozark  
 (c) City or town Rural - Jasper Township (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 WOODROW LOFTIS  
 3. (b) If veteran, name war \_\_\_\_\_ 3. (c) Social Security No. \_\_\_\_\_

MEDICAL CERTIFICATION  
 20. DATE OF DEATH: Month Sept day 15<sup>th</sup> year 1940 hour 1 minute 50 A.M.  
 21. I hereby certify that I attended the deceased from Sept 6 1940 to Sept 17<sup>th</sup> 1940 that I last saw him alive on Sept 17<sup>th</sup> 1940 and that death occurred on the date and hour stated above.

4. Sex M 5. Color or race W. 6. (a) Single, widowed, married, divorced Married  
 6. (b) Name of husband or wife Linnie Loftis 6. (c) Age of husband or wife if alive 19 years  
 7. Birth date of deceased Sept. 24 1918 (Month) (Day) (Year)

Immediate cause of death Burns  
 Duration 11 Days

8. AGE: Years 21 Months 11 Days 24 If less than one day hr. \_\_\_\_\_ min. \_\_\_\_\_

Due to Gasoline igniting Clothing  
 Due to \_\_\_\_\_

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

Other conditions None (Include pregnancy within 3 months of death)

10. Usual occupation farmer

11. Industry or business \_\_\_\_\_  
 12. Name Wm. Curry Loftis  
 13. Birthplace Ferrisville (City, town, or county) (State or foreign country)  
 14. Maiden name Maude May Riggs  
 15. Birthplace Stone County MO (City, town, or county) (State or foreign country)

Major findings: \_\_\_\_\_  
 Of operations \_\_\_\_\_  
 Of autopsy \_\_\_\_\_  
 PHYSICIAN \_\_\_\_\_  
 Underline the cause to which death should be charged statistically.

16. (a) Informant Ermer Loftis  
 (b) Address Thyodasia MO  
 17. (a) Burial (b) Date thereof Sept. 18 1940 (Month) (Day) (Year)  
 (c) Place: burial or cremation Isabella

22. If death was due to external causes, fill in the following:  
 (a) Accident, suicide, or homicide (specify) Burns  
 (b) Date of occurrence Sept 6, 1940  
 (c) Where did injury occur? Highway 80, near Isabella, MO (City or town) (County) (State)  
 (d) Did injury occur in or about home, on farm, in industrial place, in public place? On highway  
 While at work? \_\_\_\_\_ (Specify type of place) \_\_\_\_\_  
 Means of injury 3

18. (a) Signature of funeral director D. B. McChure  
 (b) Address Gainesville MO  
 19. (a) 9/21/40 (Date received local registrar) (b) Mary A. Johnson (Registrier's signature)

23. Signature M. J. Hoer... (Physician or other) DO  
 Address Isabella, MO Date signed 9-18-40

RECEIVED

District Health Officer No. 8,

District File Number 1040--2692

Date Filed OCT 10 1940

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35

*Mark F. Johnson*  
*me*

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.....

P. O. Address.....

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, fact should be so stated above.

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

State File No. **32748**

Registration District No. **920**

Primary Registration District No. **5859**

Registrar's No. \_\_\_\_\_

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

1. PLACE OF DEATH:

(a) County **Ozark**  
(b) City or town **Gasport**  
(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 \_\_\_\_\_ (Specify whether)  
years, months or days

3. (a) PRINT FULL NAME **Woodrow Loftis**

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 **m**

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 **21** Months **11** Days **24** If less than one day \_\_\_\_\_ min.

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

10. Usual occupation \_\_\_\_\_

11. Industry or business \_\_\_\_\_

MOTHER FATHER

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)

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.

20. DATE OF DEATH: Month **Sept** day **18** 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 **Gasoline igniting clothing**  
Due to **Pouring gasoline into carburetor to start truck then running, thus causing flames.**  
Major findings **3/4 of body skin burned. Death due to toxemia, 12 days after burn.**  
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? \_\_\_\_\_  
(Specify type of place) \_\_\_\_\_  
(r) Means of injury \_\_\_\_\_

23. Signature **M J Hoerneman** (M. D. or other) **DO**  
Address **Gasport, Mo** Date **Nov 30 40**

SUPPLEMENTAL

