

No. 2
13-40
7-39
X23159

FILED AUG 15 1941

State File No. _____

Registration District No. 318

Primary Registration District No. 200F

Registrar's No. 568

1. PLACE OF DEATH:

(a) County GREENE

(b) City or town Springfield
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: Burge Hospital
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 3 days.
(Specify whether _____)

In this community 0 years, months or days (Specify whether _____)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Unknown

(c) City or town Walnut Grove
(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.? 1 years.

3. (a) PRINT FULL NAME Looney, Kenneth

3. (b) If veteran, name war No

3. (c) Social Security No. None

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 7 day 12
year 1941 hour 2 minute 40 A.M.

4. Sex male 5. Color or race W

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

6. (b) Name of husband or wife None

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

7. Birth date of deceased: June 13 1941
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from 7-11-41, 1941 to 7-12-41, 1941

that I last saw him alive on 7-11-41, 1941 and that death occurred on the date and hour stated above.

8. AGE: Years 0 Months 0 Days 29 If less than one day _____ hr. _____ min.

Immediate cause of death Pyloric spasm

Due to _____

Due to 161C

9. Birthplace Walnut Grove Mo (City, town, or county) (State or foreign country) 10

Other conditions Anhydremia (Include pregnancy within 3 months of death) 207c

Major findings: _____

Of operations _____

Of autopsy _____

10. Usual occupation Inf

11. Industry or business _____

MOTHER { 12. Name Looney, Oscar

13. Birthplace Walnut Grove Mo (City, town, or county) (State or foreign country) 0

14. Maiden name W. Rita, Marie

15. Birthplace Brighton Mo (City, town, or county) (State or foreign country) 0

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? _____

16. (a) Informant Looney, Oscar

(b) Address Walnut Grove Mo

17. (a) Removal (Burial, cremation, or removal) (b) Date thereof July 12 1941 (Month) (Day) (Year)

(c) Place: burial or cremation Walnut Grove

18. (a) Signature of funeral director Removal by Parents

(b) Address Walnut Grove

19. (a) 7-12-41 (Date received local registrar) (b) W. E. Handley (Registrar's signature) (c) Springfield Mo (Address) (d) 7-12-41 (Date signed)

While at work? _____ (Specify type of place)

(e) Means of injury _____

Signature W. E. Handley (M. D. or other) _____

Address Springfield Mo Date signed 7-12-41

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

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 the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.