

FILED SEP 6 1941

Registration District No. 075

Primary Registration District No. 6162

Registrar's No. 253

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

1. PLACE OF DEATH:

(a) County Vernon
(b) City or town Rural Washington Twp.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
Washington township
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether)
In this community 70 yrs.
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Vernon
(c) City or town Rural Route 1
(If outside city or town limits, write "RURAL")
(d) Street No. Washington twp.
(If rural, give location)
(e) If foreign born, how long in U. S. A. _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug day 12
year 1941 hour 6 minute _____ P. M.

21. I hereby certify that I attended the deceased from
1939 to Aug 12, 1941
that I last saw her alive on June 9, 1941
and that death occurred on the date and hour stated above.

Immediate cause of death
Chr. uremia

Due to Chr. interstitial nephritis ?

Other conditions Myocarditis
(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.

3. (a) PRINT FULL NAME Esther Loomer

3. (b) If veteran, name war no 3. (c) Social Security No. none

4. Sex F 5. Color or race W 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Clinton Loomer 6. (c) Age of husband or wife if alive 89 years

7. Birth date of deceased Feb. 28, 1861
(Month) (Day) (Year)

8. AGE: Years 80 Months 5 Days 14 If less than one day _____ hr. _____ min.

9. Birthplace Lead Co Ky
(City, town, or county) (State or foreign country)

10. Usual occupation housewife

11. Industry or business Home

12. Name W. B. Mc Caronick

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

14. Maiden name Leahell Halland

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

16. (a) Informant Hiram Loomer
(b) Address Neada, Mo. Rt # 1

17. (a) Burial (b) Date thereof 8/14/41
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Antioch Cemetery

18. (a) Signature of funeral director Ferry Funeral Home
(b) Address Neada, Mo
19. (a) 8-26-41 (b) Allen J. Hays
(Date received local registrar) (Registrar's signature)

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) (e) Means of injury _____

28. Signature DR King (M. D. or other) _____
Address Neada, Mo Date signed 8-16-41

RECEIVED

District Health Officer No. 7, _____

District File Number 9-41-15 '82

Date Filed 9-4-41

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 Lloyd Winnick

Licensed Embalmer No. 3857

P. O. Address Nebraska

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, above space should be left blank.