No. 2
1-4-41
17-39
X26390

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED OCT 13 1941

Registration District No. 40

MISSOURI STATE BOARD OF HEALTH

# STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 4024

State File No. 30955

Registrar's No. 40

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

**1. PLACE OF DEATH:**

(a) County Barton

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

(c) Name of hospital or institution: 404 Gulf (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution ..... (Specify whether years, months or days) In this community 1

**2. USUAL RESIDENCE OF DECEASED:**

(a) State Missouri (b) County Barton 006 1

(c) City or town Lamar (If outside city or town limits, write "RURAL") 1

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

(e) Citizen of foreign country? ..... (Yes or No) If yes, name country D.

3. (a) PRINT FULL NAME Frank T. Looney

3. (b) If veteran, name war .....

3. (c) Social Security No. .....

4. Sex Male 0

5. Color or race White

6. (a) Single, widowed, married, divorced Widowed 2

6. (b) Name of husband or wife Frances Looney

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

7. Birth date of deceased Nov. (Month) 12 (Day) 1864 (Year)

| 8. AGE: Years | Months | Days | If less than one day |
|---|---|---|---|
| 76 | 10 | 8 | ..... hr. ..... min. |

9. Birthplace Dacaterville (City, town, or county) Missouri (State or foreign country) U

10. Usual occupation paper hanger

11. Industry or business .....

FATHER
12. Name unknown 9
13. Birthplace ..... (City, town, or county) ..... (State or foreign country)

MOTHER
14. Maiden name unknown
15. Birthplace ..... (City, town, or county) 9 (State or foreign country)

16. (a) Informant Mrs Harry Yohe

(b) Address Lamar, MO

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 9-21-41 (Month) (Day) (Year)

(c) Place: burial or cremation Mt Carmel Cemetery

18. (a) Signature of funeral director River Funeral Home

(b) Address Lamar, MO.

19. (a) 9-20-41 (Date received local registrar) (b) Mrs. Josephine Mynatt (Registrar's signature)

**MEDICAL CERTIFICATION**

20. DATE OF DEATH: Month Sept. 20 day ..... year 1941 hour 9 AM minute ..... M.

21. I hereby certify that I attended the deceased from Jany. 1 1940 to Sept. 20 1941 that I last saw him alive on Sept. 20 1941 and that death occurred on the date and hour stated above.

| Immediate cause of death | Duration |
|---|---|
| Infirmities of age | |
| Due to | |
| Due to | |
| Other conditions (Include pregnancy within 3 months of death) | |
| Major findings: Of operations | |
| Of autopsy | |

162B

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 Thos. F. Miller (M. D. ~~or other~~)

Address Lamar Mo. Date signed 9-20-41

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 6,
District File Number 1041-1577
Date Filed OCT 9 1941

**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 R. E. River

Licensed Embalmer No. 3141

P. O. Address Lamar Fr

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

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