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K23159

38827

State File No. ....

FILED DEC 11 1941

Registration District No. 547

Primary Registration District No. 3029

Registrar's No. 303

1. PLACE OF DEATH:

(a) County Marion  
(b) City or town Hannibal Mo.  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution: St. Elizabeth Hospital  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution one day  
(Specify whether  
In this community.....  
years, months or days)

3. (a) PRINT FULL NAME Kenneth Wayne Loflin

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, single

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

7. Birth date of deceased November 21, 1941  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
0 0 1 hr. min.

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

10. Usual occupation.....

11. Industry or business.....

MOTHER FATHER { 12. Name Ralph Loflin  
13. Birthplace Shelby County Mo.  
(City, town, or county) (State or foreign country)  
14. Maiden name Francis Temple  
15. Birthplace Hannibal, Mo.  
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs J.H. Temple  
(b) Address Hannibal, Mo

17. (a) Burial (b) Date thereof 11/23/41  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: burial or cremation Mt. Olivet Cemetery

18. (a) Signature of funeral director Ernest Smith  
(b) Address 902 Broadway Hannibal, Mo.

19. (a) 11/24/41 (b) W. O. Fisher  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Marion 65  
(c) City or town Hannibal, Mo. 9  
(If outside city or town limits, write "RURAL") F  
(d) Street No. 1612 Turn St.  
(If rural, give location)  
(e) If foreign born, how long in U. S. A.? 0 years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov. day 22  
year 1941 hour 10 minute 15 A. M.

21. I hereby certify that I attended the deceased from Nov 21  
1941, to Nov 22, 1941;  
that I last saw him alive on Nov 22, 1941;  
and that death occurred on the date and hour stated above.

Immediate cause of death.....  
Pneumonia  
(aspirator)

Due to.....  
Due to.....  
Other conditions (Include pregnancy within 3 months of death) 107

Major findings:  
Of operations none  
Of autopsy none

Duration  
PHYSICIAN  
Underline the cause to which death should be charged statistically.

22. If death was due to external cause, fill in the following:  
(a) Accident, suicide, or homicide (specify).....  
(b) Date of occurrence 11/24/41  
(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) (e) Means of injury  
While at work?.....  
23. Signature John Fisher (M. D. or other) D  
Address 100 1/2 Park Street Date signed 11-24-41

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 with the above constitutes grounds for revocation of license.)**

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