S. No. 2
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5-17-39
P.I. X26390

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED APR 1 1942

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 10708

Registration District No. 297 Primary Registration District No. 3016 Registrar's No. 28

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

036
6
2

1. PLACE OF DEATH:

(a) County Franklin.
(b) City or town Washington. Tim
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 202 W. Third St.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution None. (Specify whether
In this community 24 yrs. years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Franklin 036
(c) City or town Washington 6
(If outside city or town limits, write "RURAL") 2
(d) Street No. 202 W. Third St.
(If rural, give location)
(e) Citizen of foreign country? No. (Yes or No)
If yes name country x 0

3. (a) PRINT FULL NAME Lloyd Evert Loupe.

3. (b) If veteran, name war Spanish American. 3. (c) Social Security No. 333-05-9007

4. Sex Male 0 5. Color or race White 6. (a) Single, widowed, married, divorced Married

6. (b) Name of ~~husband or~~ wife Kate B. Loupe. 6. (c) Age of ~~husband or~~ wife if alive 64 years

7. Birth date of deceased July (Month) 22nd, (Day) 1879. (Year)

8. AGE:

Years	Months	Days	If less than one day
62	7	21	hr. min.

9. Birthplace Fort Wayne, (City, town, or county) Indiana. (State or foreign country)

10. Usual occupation Salesman.

11. Industry or business

FATHER
12. Name James Loupe,
13. Birthplace Unknown, (City, town, or county) Pennsylvania (State or foreign country)

MOTHER
14. Maiden name Martha McNamara,
15. Birthplace Unknown. (City, town, or county) Unknown. (State or foreign country)

16. (a) Informant Mrs. Kate B. Loupe,
(b) Address 202 W. Third St. Washington, Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Mar. 15, 1942 (Month) (Day) (Year)
(c) Place: burial or cremation Washington, Mo.

18. (a) Signature of funeral director Nicking & Vitt Inc.
(b) Address Washington, Mo.

19. (a) March 14-42 (Date received local registrar) (b) Lucille Roether (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 13th, year 1942 hour 12:00 minute 15 A. M.

21. I hereby certify that I attended the deceased from December 11, 1942 to March 13, 1942 that I last saw him alive on March 12, 1942 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: myocardial degeneration	
right ventricle failure	3 mo.
Due to: essential hypertension	10 yrs
Due to:	
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations
Of autopsy

93d

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 E. G. Fenner (M. D. or other) DD
Address Washington Mo. Date signed 3/13/42

1181

(Licensed Embalmer's Statement on Reverse Side)

31 1942

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 me

....., Registered Apprentice No. .....,

working under my personal supervision.

Signed A. F. Nieberg

Licensed Embalmer No. 2387

P. O. Address Washington Mo

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.