

FILED MAY 12 1942
399

Registration District No.

Primary Registration District No. 1002

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

1. PLACE OF DEATH: Jackson

(a) County: Kansas City

(b) City or town: Kansas City

(c) Name of hospital or institution: Research Hospital

(d) Length of stay: In hospital or institution 3 days

In this community: Non-Resident 3 Days

3. (a) PRINT FULL NAME: Mrs. Ethel Loomis

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

3. (c) Social Security No.: none

4. Sex: Fe

5. Color or race: Wh

6. (a) Single, widowed, married, divorced: Married

6. (b) Name of husband or wife: Virgil Loomis

6. (c) Age of husband or wife if alive: 44 years

7. Birth date of deceased: Sept. 20 1897

8. AGE: Years 44, Months 7, Days 1

9. Birthplace: Davis Co. Mo.

10. Usual occupation: Housewife

11. Industry or business:

MOTHER FATHER

12. Name: John Fitzpatrick

13. Birthplace: Caldwell Co. Mo.

14. Maiden name: Minnie Redinger

15. Birthplace: Davis Co. Mo.

16. (a) Informant: Virgil Loomis

(b) Address: R #2 Braymer, Mo.

17. (a) Removal: (Burial, cremation, or removal)

(b) Date thereof: 4-21-42

Braymer, Mo.

18. (a) Signature of funeral director: J. M. Wagner

(b) Address: Kansas City, Mo.

19. (a) 4-21-42 (Date received local registrar)

(b) M. M. Brown (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State: Missouri

(b) County: Caldwell

(c) City or town: Braymer, Mo.

(d) Street No.: Route No. 2

(e) Citizen of foreign country? (Yes or, No)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 21st year 1942 hour I minute 25 A. M.

21. I hereby certify that I attended the deceased from [Signature] 19 [Signature] 19 [Signature] 19

that I last saw him alive on [Signature] 19 [Signature] 19

and that death occurred on the date and hour stated above.

Immediate cause of death: Acute Myocardial Infarction

Due to: Lung Abscess

Due to: Post Pulmonary Tuberculosis

Other conditions: (Include pregnancy within 3 months of death) 1384

Major findings: Of operations:

Of autopsy: Sepsis

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 [Signature] (Specify type of place) (c) Means of injury

23. Signature: [Signature] (M. M. Brown)

Address: [Signature] Date signed: [Signature]

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

A. R. Hunschild

Licensed Embalmer No.

4159

P. O. Address

K. E. 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.