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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JUN 18 1942

MISSOURI STATE BOARD OF HEALTH

# STANDARD CERTIFICATE OF DEATH

State File No. 17859

Registration District No. 232 Primary Registration District No. 4152 Registrar's No. 10

31 0 0

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

1. PLACE OF DEATH:
(a) County: DAVIESS
(b) City or town: JAMESPORT
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: —
(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: 12 years

2. USUAL RESIDENCE OF DECEASED:
(a) State: MISSOURI (b) County: DAVIESS
(c) City or town: JAMESPORT
(If outside city or town limits, write "RURAL")
(d) Street No.: —
(If rural, give location)
(e) Citizen of foreign country? NO (Yes or No)
If yes, name country: —

3. (a) PRINT FULL NAME: LORETTA LOOMIS
3. (b) If veteran, name war: —
3. (c) Social Security No. NONE
4. Sex: FEMALE
5. Color or race: WHITE
6. (a) Single, widowed, married, divorced: Widowed
6. (b) Name of husband or wife: WILBUR ELTON LOOMIS
6. (c) Age of husband or wife if alive: — years
7. Birth date of deceased: April 30, 1863 (Month) (Day) (Year)

8. AGE: Years 79 Months 0 Days 25 If less than one day ..... hr. ..... min.

9. Birthplace: Unknown (City, town, or county) (State or foreign country)
10. Usual occupation: HOUSEKEEPER
11. Industry or business: HOME
MOTHER FATHER
12. Name: CARTER
13. Birthplace: UNKNOWN (City, town, or county) Ohio (State or foreign country)
MOTHER
14. Maiden name: UNKNOWN
15. Birthplace: Unknown (City, town, or county) Ohio (State or foreign country)
16. (a) Informant: Madge Owens
(b) Address: JAMESPORT, MISSOURI
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: May 27 1942 (Month) (Day) (Year)
(c) Place: burial or cremation: Winston, Mo.
18. (a) Signature of funeral director: Davis Funeral Home
(b) Address: Jamesport, Mo.
19. (a) 5-26-1942 (Date received local registrar) (b) L. O. Dickerson (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month MAY day 25TH year 1942 hour 10:00 minute P M.
21. I hereby certify that I attended the deceased from May 10 1942, to May 25 1942, that I last saw her alive on May 25 1942, and that death occurred on the date and hour stated above.

Immediate cause of death: cerebral hemorrhage
Due to: arteriosclerosis
Due to:
Other conditions (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.

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: H B Bailey (M. D. or other) MD
Address: Jamesport Date signed 5-26-42

1084 (Licensed Embalmer's Statement on Reverse Side)

## 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

My self, Registered Apprentice No.

working under my personal supervision.

Signed: Raymond A. Harris

Licensed Embalmer No. 3424

P. O. Address Trenton 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.**