

Registration District No. 399

Primary Registration District No. 1002

1. PLACE OF DEATH:

(a) County Jackson Co. Mo.
(b) City or town Kennett Mo.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: K.C.T.C. Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 4 yrs. 9 days
(Specify whether
In this community 4 yrs.
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson 48
(c) City or town Kennett City 3
(If outside city or town limits, write "RURAL")
(d) Street No. 1908 - 8th St. 8
(If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Raymond Looney

3. (b) If veteran, name war _____ 3. (c) Social Security No. none

4. Sex male 5. Color or race Colored 6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Waldred Looney 6. (c) Age of husband or wife if alive unk years
7. Birth date of deceased March 2, 1940
(Month) (Day) (Year)

8. AGE: Years 42 Months 3 Days 14 If less than one day hr. min.

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

10. Usual occupation Coach

11. Industry or business retired

MOTHER FATHER { 12. Name Ben Looney }
13. Birthplace Mo. (City, town, or county) (State or foreign country)
14. Maiden name Ermine Johnson
15. Birthplace Mo. (City, town, or county) (State or foreign country)

16. (a) Informant K.C.T.C. Hospital

(b) Address K.C. Mo.
17. (a) Burial (b) Date thereof 7-8-42
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Field

18. (a) Signature of funeral director Wm. J. ...

(b) Address City, Missouri

19. (a) 7-2-42 (b) M. M. Grome
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 16, 1942
year _____ hour 2 minute 50 P. M.
21. I hereby certify that I attended the deceased from June 7, 1942
19 _____ to June 16, 1942
and that I last saw him alive on June 16, 1942
and that death occurred on the date and hour stated above.

Immediate cause of death Far advanced bilateral, active pulmonary tuberculosis.
Due to _____
Due to 13B'
Other conditions (Include pregnancy within 3 months of death) _____

PHYSICIAN _____
Major findings: _____
Of operations _____
Of autopsy _____
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? _____

While at work? _____ (Specify type of place)
(e) Cause of injury _____
23. Signature W.D. ... (M. D. or other) 6/16/42
Address K.C. Mo. Hospital Date signed 7/16/42

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.