

FILED SEP 14 1942
152

Registration District No.

Primary Registration District No. 5573A

Registrar's No.

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

48
8
0

1. PLACE OF DEATH:

(a) County Jackson

(b) City or town Grain Valley
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: Miss. H. - Mrs. King
(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 40 yrs
(years, months or days)

3. (a) PRINT FULL NAME Ada Loring

3. (b) If veteran, name war _____

3. (c) Social Security No. _____

4. Sex Fm / race W

5. Color or race W

6. (a) Single, widowed, married, divorced Widow

6. (b) Name of husband or wife Wm H Loring

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

7. Birth date of deceased June 16 1859
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>83</u>	<u>1</u>	<u>19</u>	hr. _____ min. _____

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

10. Usual occupation Retired

11. Industry or business _____

MOTHER FATHER

12. Name Unknown

13. Birthplace Unknown
(City, town, or county) (State or foreign country)

14. Maiden name Unknown

15. Birthplace Unknown
(City, town, or county) (State or foreign country)

16. (a) Informant Walter Hoehn

(b) Address Grain Valley Mo

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

(b) Date thereof 8-6-42
(Month) (Day) (Year)

(c) Place: burial or cremation Grain Valley Mo

18. (a) Signature of funeral director Mrs G.B. Webb Son

(b) Address Blue Springs Mo

19. (a) Aug. 8, 1942
(Date received local registrar)

(b) Dr. McLaughlin
(Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson

(c) City or town Grain Valley
(If outside city or town limits, write "RURAL")

(d) Street No. _____
(If rural, give location)

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

If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug day 4th
year 1942 hour 8:00 AM minute _____

21. I hereby certify that I attended the deceased from May 1st
1942 to Aug 4 1942

that I last saw her alive on Aug 4 1942
and that death occurred on the date and hour stated above.

Immediate cause of death Senile Infirmitiy

Due to Age

Due to _____

Other conditions 162 lb
(Include pregnancy within 3 months of death)

Major findings:
Of operations _____

Of autopsy _____

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? _____

While at work? _____
(Specify type of place)

(e) Means of injury _____

23. Signature [Signature]
(M. D. or other)

Address Grain Valley Date signed 8-7-42

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.....

R Blubb

Licensed Embalmer No.....

2353

P. O. Address.....

Blue Springs

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.