

FILED SEP 11 1942

Registration District No. 251
6-27

Primary Registration District No. 58294379

Registrar's No.

1. PLACE OF DEATH:

(a) County. Nodaway Pickering.
(b) City or town. Pickering
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 3 mi. East of Pickering
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution. Life
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State. Mo. (b) County. Nodaway
(c) City or town. Pickering (Rural)
(If outside city or town limits, write "RURAL")
(d) Street No. 3 mi. East.
(If rural, give location)
(e) Citizen of foreign country? 0 (Yes or No)
If yes, name country.

3. (a) PRINT FULL NAME. GEORGE IRVIN LOCH,

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

4. Sex. M. 5. Color or race. W. 6. (a) Single, widowed, married, divorced. married.

6. (b) Name of husband or wife. Anna Loch 6. (c) Age of husband or wife if alive. 4 years

7. Birth date of deceased. Sept 4 1888
(Month) (Day) (Year)

8. AGE: Years 53 Months 5 Days 6 If less than one day hr. min.

9. Birthplace. 2 1/2 mi. S.W. of Pickering Mo.
(City, town, or county) (State or foreign country)

10. Usual occupation. Farmer.

11. Industry or business.

12. Name. George M. Loch.

13. Birthplace. Nodaway County Mo.
(City, town, or county) (State or foreign country)

14. Maiden name. Miss Nettie Leroy.

15. Birthplace. Nodaway Co. Mo.
(City, town, or county) (State or foreign country)

16. (a) Informant. Mrs. Irvin Loch.

(b) Address. Pickering Mo.

17. (a) Burial (b) Date thereof. Feb. 12, 1942
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation. White Oak Cemetery

18. (a) Signature of funeral director. Price Funeral Home

(b) Address. Maryville Mo.

19. (a) Feb. 12 (b) Med. G. Wackerell
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb. day 10. year 1942 hour 8 minute 30p. M.

21. I hereby certify that I attended the deceased from July 1940 to Feb 10 1942 that I last saw him alive on Feb 10 42 and that death occurred on the date and hour stated above.

Immediate cause of death. Carcinoma of Prostate Duration 18 mo

Due to.

Due to. SIP

Other conditions. (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) (a) Means of injury

23. Signature. J. A. Blomer (M. D. or other)

Address. Maryville Date signed. 2-12-42

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

74
0
0

74
0
0

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.....

Clayton M. Price

Licensed Embalmer No. *1822*

P. O. Address *Marionville, 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.