. S. No. 2
M—9-4-41
ev. 5-17-39
I X29484

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED OCT 9 1942

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

30650

State File No.

Registration District No. 164 Primary Registration District No. 3023-3032 Registrar's No. 103

51
2
2

1. PLACE OF DEATH:
(a) County Johnson
(b) City or town Warrensburg Mo
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Warrensburg Clinic
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 2 days (Specify whether
In this community years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Johnson 51
(c) City or town Warrensburg Mo 2
(If outside city or town limits, write "RURAL")
(d) Street No. 317 Jackson
(If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country 0

3. (a) PRINT FULL NAME Mary Linda Losson
3. (b) If veteran, name war
3. (c) Social Security No.
4. Sex Female
5. Color or race White
6. (a) Single, widowed, married, divorced 0
6. (b) Name of husband or wife
6. (c) Age of husband or wife if alive years
7. Birth date of deceased Sept (Month) 15 (Day) 1942 (Year)

8. AGE: Years | Months | Days 2 | If less than one day hr. min.

9. Birthplace Warrensburg Mo 0 (City, town, or county) (State or foreign country)
10. Usual occupation
11. Industry or business
FATHER
12. Name H A Losson
13. Birthplace Tuscumbia Ind 1 (City, town, or county) (State or foreign country)
MOTHER
14. Maiden name Katherine Losson Shearer
15. Birthplace Oakland Ind 1 (City, town, or county) (State or foreign country)
16. (a) Informant H. A. Losson
(b) Address 312 Jackson St. Warrensburg Mo
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Sept 17/42 (Month) (Day) (Year)
(c) Place: burial or cremation Sunset Hill
18. (a) Signature of funeral director N. L. Wilcox
(b) Address Warrensburg Mo
19. (a) Sept 18-42 (Date received local registrar) (b) Leola M. Williams (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept day 17th
year 1942 hour 8:00 minute A M.
21. I hereby certify that I attended the deceased from Sept 15, 1942, to Sept 17, 1942
that I last saw her alive on Sept 15, 1942
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Congenital absence of Oesophagus	2 days
Due to Unknown	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations	
Of autopsy	

15 7 M

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 Opt Dannon Mo (M. D. or other)
Address Warrensburg Mo Date signed 9-18-42

1001 (Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 8,

District File Number .....

Date Filed 10-8-42

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 .....

No Embalming ....., 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.