

U. S. No. 2  
DM-9-4-41  
Rev. 5-17-39  
I X29484

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

State File No. **33391**

FILED NOV 11 1942

Registration District No. **30**

Primary Registration District No. **4091**

Registrar's No. **41**

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0  
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH:

(a) County Camden

(b) City or town Camdenton, Mo.  
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: Home 1  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution year  
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Camden

(c) City or town Camdenton  
(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 \_\_\_\_\_

3. (a) PRINT FULL NAME Hansel Aubrey Looney

MEDICAL CERTIFICATION

3. (b) If veteran, name war \_\_\_\_\_

3. (c) Social Security No. \_\_\_\_\_

20. DATE OF DEATH: Month Oct day 20  
year 1942 hour 8 minute 15 M.

4. Sex male 5. Color or race wh

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

21. I hereby certify that I attended the deceased from Oct 19  
1942, to Oct 20 1942  
that I last saw him alive on Oct 19  
and that death occurred on the date and hour stated above.

6. (b) Name of husband or wife \_\_\_\_\_

6. (c) Age of husband or wife if alive \_\_\_\_\_ years  
(Day) (Year)

7. Birth date of deceased October 20 1942  
(Month) (Day) (Year)

Immediate cause of death 7<sup>2</sup> months  
Child - Paralytic  
Pneumonia

8. AGE: Years \_\_\_\_\_ Months \_\_\_\_\_ Days \_\_\_\_\_  
If less than one day 8 hr. \_\_\_\_\_ min.

Due to \_\_\_\_\_

Due to \_\_\_\_\_

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

Other conditions noise  
(Include pregnancy within 3 months of death)

10. Usual occupation \_\_\_\_\_

11. Industry or business \_\_\_\_\_

Major findings: none

Of operations \_\_\_\_\_

Of autopsy well

PHYSICIAN \_\_\_\_\_

Underline the cause to which death should be charged statistically.

MOTHER { 12. Name Harrison Looney

13. Birthplace Laclede Co., Mo.  
(City, town, or county) (State or foreign country)

14. Maiden name Elva Moore

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

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? \_\_\_\_\_

16. (a) Informant Harrison Looney

(b) Address Camdenton, Mo.

17. (a) Burial (b) Date thereof Oct 22 42  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Union Cem.

23. Signature E. E. Lee (M. D. Embalmers)  
Address Camdenton, Mo. Date signed 10-28-42

18. (a) Signature of funeral director B. Hanson - Woolery

(b) Address Camdenton, Mo.

19. (a) Oct 28 1942 (b) L. E. Hines  
(Date received local registrar) (Registrar's signature)

1123 (Licensed Embalmer's Statement on Reverse Side)

RECEIVED

District Health Officer No. 7,

District File Number 11-42-1160

Date Filed 11-5-42

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was <sup>prepared</sup> embalmed by me, or by.....  
....., Registered Apprentice No.....  
working under my personal supervision.

Signed Abbie Barbara Woolery

Licensed Embalmer No. 2488

P. O. Address Camdenton, 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.