

newly 34117

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No.

FILED NOV 10 1942 70

Registration District No.

Primary Registration District No. 3033

Registrar's No.

1. PLACE OF DEATH:

(a) County LACLEDE
(b) City or town LEBANON
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
WALLACE HOSPITAL
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution.....
(Specify whether
In this community 1 Day
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State MO (b) County LACLEDE 53
(c) City or town LEBANON
(If outside city or town limits, write "RURAL")
(d) Street No.....
(If rural, give location)
(e) Citizen of foreign country? NO (Yes or No)
If yes, name country.....

3. (a) PRINT FULL NAME MINNIE GANE LOONEY

3. (b) If veteran, name war..... 3. (c) Social Security No.....

4. Sex F 1 5. Color or race W
6. (b) Name of husband or wife LEE LOONEY
6. (c) Age of husband or wife if alive..... years
7. Birth date of deceased FEB 16 1885
(Month) (Day) (Year)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month OCT day 29
year 1942 hour 8 minute 5 A.M.

21. I hereby certify that I attended the deceased from Oct 26 1942 to Oct 29 1942
that I last saw her alive on Oct 29 1942
and that death occurred on the date and hour stated above.

8. AGE: Years Months Days If less than one day
57 8 13 ..hr.min.

Immediate cause of death Septic enteritis
Due to reflexitis ✓
Due to.....

Duration

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

Major findings:
Of operations.....
Of autopsy none
PHYSICIAN
Underline the cause to which death should be charged statistically.

11. Industry or business.....

12. Name GAS. PROCTOR
13. Birthplace CAMDEN CO MO
(City, town, or county) (State or foreign country)
14. Maiden name NANCIE WEST
15. Birthplace CAMDEN CO MO
(City, town, or county) (State or foreign country)

16. (a) Informant Vada Looney
(b) Address LEBANON MO

17. (a) BURIAL (b) Date thereof 10 30 42
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation ZION CEM

18. (a) Signature of funeral director PALMER'S
(b) Address LEBANON MO

19. (a) Oct-30-42 (b) Grace Roper
(Date received local registrar) (Registrar's signature)

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 J. E. Roper (M.D. or other) 10/29/42
Address Lebanon, MO Date signed 10/29/42

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

RECEIVED

Lacade County Health Dept.
District File Number 11-42-157
Date Filed 11-5-82

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. Babner*
Licensed Embalmer No. 1161
P. O. Address *Lebanon*

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.

Registration District No. 170

Primary Registration District No. 3033

1. PLACE OF DEATH:

(a) County Toledo
(b) City or town Lebanon
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:

(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution _____ (Specify whether

In this community _____ years, months or days)

3. (a) PRINT FULL NAME Mrs. Jane Looney

3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

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

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

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

8. AGE: Years 57 Months _____ Days _____ (if less than one day) _____ min.

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

10. Usual occupation _____

11. Industry or business _____

MOTHER FATHER { 12. Name _____

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

{ 14. Maiden name _____

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

16. (a) Informant _____

(b) Address _____

17. (a) _____ (b) Date thereof _____ (Month) (Day) (Year)

(Burial, cremation, or removal)

(Month) (Day) (Year)

(c) Place: burial or cremation _____

18. (a) Signature of funeral director _____

(b) Address _____

19. (a) _____ (b) _____ (Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State _____ (b) County _____

(c) City or town _____ (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 _____ Day _____ Year 1942 hour _____ minute _____ M.

21. I hereby certify that I attended the deceased from _____ to _____, 19____; that I first saw him/her alive on _____, 19____; and that death occurred on the date and hour stated above

Immediate cause of death Septic enteritis Duration _____

Due to nephritis

Due to chronic nephritis

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)

(b) Did injury occur in or about home, on farm, in industrial place, in public place?

While at work? _____ (Specify type of place) (c) Means of injury _____

23. Signature J. P. Bevan (M. D. or other) _____

Address Lebanon, MO Date signed 3/7/42

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

SUPPLEMENTARY

S-34117

1942