S. No. 2
M—9-4-41
v. 5-17-39
I X29484

37697

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED DEC 12 1942

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No.

Registration District No. 253 Primary Registration District No. 4383 Registrar's No.

74 0 0

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

1. PLACE OF DEATH:

(a) County Nodaway

(b) City or town Graham (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 years, months or days) In this community most of life

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Nodaway

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

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

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

If yes, name country

3. (a) PRINT FULL NAME Ada Lee Loffer

3. (b) If veteran, name war

3. (c) Social Security No. none

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

6. (b) Name of husband or wife Dr. J.F Loffer 6. (c) Age of husband or wife if alive 73 years

7. Birth date of deceased Dec. 29 (Month) 1874 (Day) (Year)

8. AGE: Years 67 Months 10 Days 22 If less than one day hr. min.

9. Birthplace Graham (City, town, or county) Missouri (State or foreign country) O

10. Usual occupation housewife

11. Industry or business

FATHER 12. Name Samuel Zancker

13. Birthplace unknown (City, town, or county) Maryland (State or foreign country) 4

MOTHER 14. Maiden name Lydia Snyder

15. Birthplace unknown (City, town, or county) Maryland (State or foreign country) 4

16. (a) Informant Dr. J.F.Loffer

(b) Address Graham Mo.

17. (a) burial (Burial, cremation, or removal) (b) Date thereof 11-25-1942 (Month) (Day) (Year)

(c) Place: burial or cremation Graham cemetery

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

(b) Address Maryville Mo.

19. (a) Nov. 22 (Date received local registrar) (b) Mrs Ralph Scott (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov. day 21 year 1942 hour 4 minute 45 A.M.

21. I hereby certify that I attended the deceased from Oct. 31 1942 to Nov. 21 1942 that I last saw her alive on Nov. 20 1942 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Myocardial degeneration	years
Due to: Arteriosclerosis and Hypertension	several years.
Due to:	
Other conditions (Include pregnancy within 3 months of death) 93d	
Major findings: Of operations	
Of autopsy none	

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 E. M. Findley (M. D. or other) M.D.

Address Graham Date signed 11/22/42

1270 (Licensed Embalmer's Statement on Reverse Side)

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 Clem. M Price

Licensed Embalmer No. 1822

P. O. Address Maryville, 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.