S. No. 2
M—2-43
5-17-39
X35697

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JUN 21 1943

Registration District No. 770

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 21745

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 Memorial O
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 6 days (Specify whether years, months or days)
In this community

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Ozark
(c) City or town Gainesville
(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 MAMIE ESTIS LOFTIS
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 Orville Loftis
6. (c) Age of husband or wife if alive 32 years
7. Birth date of deceased Sept. (Month) 5 (Day) 1907 (Year)
8. AGE: Years 35 Months 7 Days 28 If less than one day hr. min.
9. Birthplace Gainesville (City, town, or county) Mo. O (State or foreign country)
10. Usual occupation Housewife
11. Industry or business
MOTHER FATHER
12. Name A. C. Allen
13. Birthplace Tenn. (City, town, or county) (State or foreign country)
MOTHER
14. Maiden name Flossie Beasley
15. Birthplace Gainesville (City, town, or county) Mo. O (State or foreign country)
16. (a) Informant Orville Loftis
(b) Address Gainesville Mo.
17. (a) Burial Removal (Burial, cremation, or removal) (b) Date thereof May 5 1943 (Month) (Day) (Year)
(c) Place: burial or cremation Gainesville Mo. Lilly Ridge
18. (a) Signature of funeral director C. E. Clinkingbeard
(b) Address Gainesville Mo.
19. (a) May 8-43 (Date received by local registrar) (b) Grace Roper (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 3 year 1943 hour 5 minute 10 A.M.
21. I hereby certify that I attended the deceased from 4-28-, 1943 to May 3, 1943; that I last saw her alive on May 3, 1943 and that death occurred on the date and hour stated above.

Immediate cause of death — Duration
Cerebral meningitis
Due to Abcess in Eustatian tube
Due to
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? (Specify type of place)
While at work? (e) Means of injury

23. Signature H. A. Hamilton (M. D. or other)
Address Lebanon, Mo. Date signed 5-4-43

1090 (Licensed Embalmer's Statement on Reverse Side)

Received JUN 4 1943
Laclede County Health Unit
File No. 5-43-22
Date Filed JUN 15 1943

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 Dorsey M. Howe

Licensed Embalmer No. 4222

P. O. Address Lebanon 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.