

FILED FEB 10 1944

Registration District No. 341

Primary Registration District No. 3025

Registrar's No. 5

1. PLACE OF DEATH:

(a) County Stoddard
(b) City or town Dexter
(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 1
(Specify whether
In this community _____
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Stoddard 103
(c) City or town Dexter 3
(If outside city or town limits, write "RURAL") 1
(d) Street No. Stoddard St.
(If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____ 0

3. (a) PRINT FULL NAME Ruth Alice Loper

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 married
6. (b) Name of husband or wife Eldon L. Loper 6. (c) Age of husband or wife if alive 56 years
7. Birth date of deceased March 18 1898
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
45 9 15 hr. min.

9. Birthplace Parma Mo. 0
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business _____

MOTHER FATHER { 12. Name Jesse Jones
13. Birthplace no record 9
(City, town, or county) (State or foreign country)
14. Maiden name Belle Chenoweth
15. Birthplace no record 9
(City, town, or county) (State or foreign country)

16. (a) Informant Dr. E. L. Loper

(b) Address Dexter, Mo.

17. (a) burial (b) Date thereof 1-6-44
(Burial, cremation, or other) (Month) (Day) (Year)

(c) Place: burial or other Dexter Cemetery

18. (a) Signature of funeral director Blankenship-Strickland
(b) Address Dexter, Mo.

19. (a) 1-18-44 (b) Nora Smith
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan day 3
year 1944 hour 11 minute 45 P.M.

21. I hereby certify that I attended the deceased from Jan 3 1944 to Jan 3 1944
that I last saw him alive on Jan 3 1944
and that death occurred on the date and hour stated above.

Immediate cause of death Angina Pectoris
Due to _____
Due to _____
Other conditions (Include pregnancy within 3 months of death) _____

Major findings: Of operations _____
Of autopsy _____

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. P. Brandon (M. D.)
Address J. Essex, Mo. Date signed 1-18-44

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

1134

RECEIVED

District Health Office No. 2

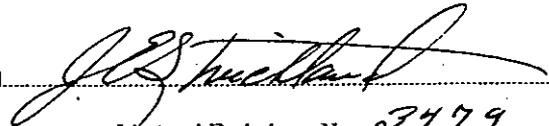
District File Number 244-283

Date Filed 2-7-44

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



Licensed Embalmer No.

3479

P. O. Address

Dexter, 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.