

FILED NOV 13 1944

Registration District No. 13

Primary Registration District No. 3127

Registrar's No. 90

1. PLACE OF DEATH:

(a) County Jasper
(b) City or town Wells City
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 12 S. Liberty
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 1 (Specify whether life)
In this community life (years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jasper
(c) City or town Wells City 49
(If outside city or town limits, write "RURAL")
(d) Street No. 12 S. Liberty 6
(If rural, give location) 2
(e) Citizen of foreign country? (Yes or No) 0
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct day 27
3 year 1944 hour 5 minute 0 N.
21. I hereby certify that I attended the deceased from August 43 to Oct 26 1944
that I last saw him alive on Oct 26 1944
and that death occurred on the date and hour stated above.

Immediate cause of death Coronary thrombosis 1 hr.
Due to _____
Due to _____

Other conditions Purpura Cerebra 2 yrs
(Include pregnancy within 3 months of death)

Major findings:
Of operations _____ 94a
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 James T. Clark (M. D. or other) _____
Address Wells City, Mo. Date signed 10-28-44

3. (a) PRINT FULL NAME Richard Guy Lofton
3. (b) If veteran, name war _____ 3. (c) Social Security No. 495-01-54

4. Sex Male 5. Color of hair White 6. (a) Single, widowed, married, divorced, Married
6. (b) Name of husband or wife Margaret Lofton 6. (c) Age of husband or wife if alive 64 years
7. Birth date of deceased May 9 1877
(Month) (Day) (Year)

8. AGE: Years 66 Months 5 Days 18 If less than one day hr. _____ min. _____

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

10. Usual occupation Retired

11. Industry or business Laundryman

12. Name John G. Lofton

13. Birthplace See 1
(City, town, or county) (State or foreign country)

14. Maiden name Sarah Walton

15. Birthplace See 1
(City, town, or county) (State or foreign country)

16. (a) Informant Mr. Margaret Lofton

(b) Address Wells City

17. (a) Burial (b) Date there Oct 30 1944
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Frost Park Cem

18. (a) Signature of funeral director Wells City, Mo.

(b) Address Wells City, Mo.
19. (a) Oct 30 1944 (b) Margaret Lofton
(Date received local registrar) (Registrar's signature)

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

9
6
2

44-11-889

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 myself
....., Registered Apprentice No.
working under my personal supervision.

Signed Clayton M. Johnston

Licensed Embalmer No. 4304

P. O. Address Webb City, 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.