

S. P. Martini, M.D.

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 24820

FILED OCT 29 1944

Registration District No. _____

Primary Registration District No. 4330

Registrar's No. 38

1. PLACE OF DEATH:

(a) County Mississippi

(b) City or town East Prairie, Mo
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: Residence
(If not in hospital or institution, write street number or location) 1

(d) Length of stay: In hospital or institution _____ (Specify whether)
In this community life years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Mississippi

(c) City or town East Prairie Mo 67
(If outside city or town limits, write "RURAL") 2

(d) Street No. _____ (If rural, give location) 3

(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country 0

3. (a) PRINT FULL NAME FRANK LOOMIS

3. (b) If veteran, ✓ name war _____

3. (c) Social Security No. 490-14-1738

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept. 19 day 4
year 1944 hour 5:40 minute P. M.

21. I hereby certify that I attended the deceased from Sept 18
1944 to Sept 19 1944
that I last saw him alive on Sept 18 1944
and that death occurred on the date and hour stated above.

4. Sex Male 5. Color or race W

6. (a) Single, widowed, married, divorced Married

(b) Name of husband or wife Esther Loomis 6. (c) Age of husband or wife if alive 69 years

7. Birth date of deceased Mar. 22 1875
(Month) (Day) (Year)

Immediate cause of death
Pneumonia
Pneumonia labor

Due to _____

Due to _____

Other conditions (Include pregnancy within 3 months of death) 13 1/2

8. AGE: Years 69 Months 5 Days 27 If less than one day _____ hr. _____ min.

9. Birthplace New Madrid, Mo
(City, town, or county) (State or foreign country)

10. Usual occupation Farming

11. Industry or business _____

MOTHER FATHER { 12. Name Thomas Loomis

13. Birthplace Unknown Mo. 1879
(City, town, or county) (State or foreign country)

14. Maiden name Unknown Mo. 1879

15. Birthplace Unknown Mo. 1879
(City, town, or county) (State or foreign country)

Major findings:
Of operations _____

Of autopsy _____

PHYSICIAN _____

Underline the cause to which death should be charged statistically.

16. (a) Informant Robert Loomis

(b) Address East Prairie, Mo

17. (a) Burial (b) Date thereof 9-21-44
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Dogwood

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? _____

18. (a) Signature of funeral director Labris Shelby

(b) Address East Prairie, Mo

19. (a) 10-12-1944 (b) Jarvis E. Bugman
(Date received local registrar) (Registrar's signature)

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

23. Signature S. P. Martini (M. D. or other) MD

Address East Prairie Date signed 10-27-44

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

7
02

RECEIVED

District Health Office No. 2,

District File Number 1044-1429

Date Filed 10-18-44

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.....

P. O. Address.....

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.