

**FILED MAR 14 1945**  
Registration District No. 12

Primary Registration District No. 5050

Registrar's No. \_\_\_\_\_

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

1. PLACE OF DEATH:

(a) County Barry  
(b) City or town Mineral Springs  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution: Mineral Springs  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution \_\_\_\_\_  
(Specify whether \_\_\_\_\_)  
In this community \_\_\_\_\_  
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Barry  
(c) City or town Cassville  
(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

Ralph Loftin

3. (b) If veteran, name war \_\_\_\_\_

3. (c) Social Security No. \_\_\_\_\_

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced, Married  
6. (b) Name of husband or wife Gladys Loftin 6. (c) Age of husband or wife if alive \_\_\_\_\_ years  
7. Birth date of deceased December 29 1897  
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>47</u>	<u>1</u>	<u>26</u>	hr. _____ min.

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

10. Usual occupation Merchant

11. Industry or business \_\_\_\_\_

12. Name David W. Loftin  
13. Birthplace Bolivar, Missouri  
(City, town, or county) (State or foreign country)  
14. Maiden name Fannie W. Woolrigda  
15. Birthplace Barry county, Missouri  
(City, town, or county) (State or foreign country)

16. (a) Informant Lester Loftin  
(b) Address Cassville, Missouri

17. (a) Burial (b) Date thereof 2-1-1945  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Mineral Springs

18. (a) Signature of funeral director Culver Funeral Home  
(b) Address Cassville, Missouri

19. (a) Mar 4 - 1945 (b) Grace Williams  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month February day 25th  
year 1945 hour 9 minute A. M.

21. I hereby certify that I attended the deceased from \_\_\_\_\_, 1944, to Feb 20, 1945;  
that I last saw him alive on Feb 20, 1945;  
and that death occurred on the date and hour stated above.

Immediate cause of death Pneumonia

Due to Rheumatism

Due to \_\_\_\_\_

Other conditions (Include pregnancy within 3 months of death) 588

Major findings:  
Of operations \_\_\_\_\_  
Of autopsy \_\_\_\_\_

Duration \_\_\_\_\_  
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? \_\_\_\_\_

While at work \_\_\_\_\_ (Specify type of place) (e) Means of injury \_\_\_\_\_

23. Signature Glen H. Salyer (M. D. or other) \_\_\_\_\_  
Address Cassville Mo. Date signed Mar 3 - 45

397  
13-46

JUN 16 1948

MAR 20 1945

**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 *Margaret Culver*  
Licensed Embalmer No. *4389*  
P. O. Address *Cassville*

**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.**