No. 2
M—8-43
v. 5-17-39
I X37823

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED MAR 7 1945

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 6457

Registration District No. 164 Primary Registration District No. 3032 Registrar's No. 24

1. PLACE OF DEATH:
(a) County Johnson
(b) City or town Warrensburg
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 203 E. Culton St.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution (Specify whether years, months or days)
In this community 15 Yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Johnson 51
(c) City or town Warrensburg 2
(If outside city or town limits, write "RURAL")
(d) Street No. 203 E Culton 2
(If rural, give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Thomas Jefferson Loman
3. (b) If veteran, name war no
3. (c) Social Security No. no
4. Sex Male
5. Color or race White
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Mary Josephine Loman
6. (c) Age of husband or wife if alive 72 years
7. Birth date of deceased DEC. 6 1862 (Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
82	8	14	hr. min.

9. Birthplace Illinois (City, town, or county) (State or foreign country)
10. Usual occupation Retired Faemer
11. Industry or business Farm
FATHER
12. Name Issac Loman
13. Birthplace Unknown Ill (City, town, or county) (State or foreign country)
MOTHER
14. Maiden name Elizabeth Fowler
15. Birthplace Unknown Ill (City, town, or county) (State or foreign country)
16. (a) Informant Myrtle Fox
(b) Address Springfield Mo.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 2-28-45 (Month) (Day) (Year)
(c) Place: burial or cremation Sunset Hill
18. (a) Signature of funeral director Sweeney Phillips
(b) Address Warrensburg, Mo.
19. (a) Feb 28 1945 (Date received local registrar) (b) Leola M. Williams (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb day 26 year 1945 hour 6 minute 45 P. M.
21. I hereby certify that I attended the deceased from Jan 27, 1945, to Feb 26, 1945; that I last saw h. alive on Feb 26, 1945 and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Chronic Myocarditis	2 yr
Due to Hypertension cardio-vascular disease	2 yr
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 C. Johnson MD (M. D. or other)
Address W. Warrensburg Mo. Date signed Feb 27 45

(Licensed Embalmer's Statement on Reverse Side)

1001

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 J. Earl Priest

Licensed Embalmer No. 3828

P. O. Address Waynesburg

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.