V. S. No. 2
0M—8-43
ev. 5-17-39
X37823

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 26888

FILED AUG 22 1945

Registration District No. 42 Primary Registration District No. 1000 Registrar's No. 849

1. PLACE OF DEATH: Buchanan
(a) County St. Joseph
(b) City or town (If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution Mo. Methodist hospital 0
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 2 weeks
In this community 2 weeks (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Nodaway 74
(c) City or town Graham 0
(If outside city or town limits, write "RURAL")
(d) Street No. 0
(If rural, give location)
(e) Citizen of foreign country? no (Yes or No) 1
If yes, name country

3. (a) PRINT FULL NAME James Fae Loffer
3. (b) If veteran, name war
3. (c) Social Security No.
4. Sex male 0
5. Color or race white
6. (a) Single, widowed, married, divorced widowed
6. (b) Name of husband or wife Ada Zancher
6. (c) Age of husband or wife if alive years
7. Birth date of deceased July 7, 1869 (Month) (Day) (Year)

8. AGE: Years 76 Months 0 Days 26 If less than one day hr. min.

9. Birthplace New Point (City, town, or county) Missouri (State or foreign country) 0
10. Usual occupation Veterinarian
11. Industry or business
FATHER
12. Name Soloman Loffer
13. Birthplace Louisa (City, town, or county) Ind (State or foreign country) 1
MOTHER
14. Maiden name Rhodes
15. Birthplace unknown (City, town, or county) (State or foreign country) 9
16. (a) Informant Dr. Lawrence F. Loffer
(b) Address San Francisco Calif.
17. (a) burial (Burial, cremation, or removal) (b) Date thereof 8-5-45 (Month) (Day) (Year)
(c) Place: burial or cremation Graham Cemetery
18. (a) Signature of funeral director Price Funeral Home
(b) Address Maryville Mo
19. (a) 8-5-45 (Date received local registrar) (b) Helen L. Pickle (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month August day 3 year 1945 hour 12 minute 45 A.M.
21. I hereby certify that I attended the deceased from July 17, 1945, to Aug 3, 1945, that I last saw him alive on 19..., and that death occurred on the date and hour stated above.

Immediate cause of death Carcinoma of terminal ileum — Duration
Due to Intestinal obstruction
Due to
Other conditions Melancholia
(Include pregnancy within 3 months of death)
Major findings: Of operations as above 7-21-45
Of autopsy No

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)
(e) While at work? (f) Means of injury
23. Signature L. F. Loffer M.D. (M. D. or coroner)
Address St. Joseph Mo. Date signed 8-3-45

1377 (Licensed Embalmer's Statement on Reverse Side)

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 John W. Price

Licensed Embalmer No. 4281

P. O. Address Maryville 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.