

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI

FILED NOV 8 1945 **STANDARD CERTIFICATE OF DEATH**

State File No. _____

Registration District No. 207Primary Registration District No. 5754Registrar's No. 110

1. PLACE OF DEATH:

(a) County Maries
 (b) City or town Dry Creek Twp
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution: 1
 (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)

3. (a) PRINT

FULL NAME Alexander Loose

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 Single

6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if

alive _____ years

7. Birth date of deceased 3 15 1967
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>78</u>	<u>7</u>	<u>5</u>	_____ hr. _____ min.

9. Birthplace Baraboo Wisconsin
(City, town, or county) (State or foreign country)10. Usual occupation Farmer

11. Industry or business _____

MOTHER FATHER

12. Name John Loose13. Birthplace Germany
(City, town, or county) (State or foreign country)14. Maiden name Allena Rhinehart15. Birthplace Germany
(City, town, or county) (State or foreign country)16. (a) Informant Mr. Phillip Loose(b) Address Dixon, Missouri17. (a) Burial (b) Date thereof 10/21/1945
(Burial, cremation, or removal) (Month) (Day) (Year)(c) Place: burial or cremation Clifty Cemetery18. (a) Signature of funeral director Fred H. Gilbert(b) Address Dixon, Missouri19. (a) 10/25/45 (b) Pauline Howard
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Maries 63
 (c) City or town Rural 0
 (If outside city or town limits, write "RURAL") 0
 (d) Street No. _____ (If rural, give location) 0
 (e) Citizen of foreign country? _____ (Yes or No) 0
 If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 10 day 19
year 1945 hour 9 minute A. M.21. I hereby certify that I attended the deceased from March
10, 1941, to Oct 19, 1941that I last saw him alive on Aug-18, 1941,
and that death occurred on the date and hour stated above.

Immediate cause of death _____

Infirmities of age
& Chr. nephritis

Due to _____

Due to _____

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

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)
Means of injury 023. Signature P. J. Credit (M. D. or other)
Address Dixon, Mo. Date signed 9/1/45

RECEIVED

District Health Officer No. 9

District File Number.....

Date Filed 11-1-45

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.....

10/19/45..... Registered Apprentice No.....

working under my personal supervision.

Signed Fred W. Gilbert.....

Licensed Embalmer No. 3341.....

P. O. Address Six on 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.