

FILED AUG 19 1946

Registration District No. 226

Primary Registration District No. 4337 5799

Registrar's No. 31

1. PLACE OF DEATH:

(a) County. Monroe  
(b) City or town. Madison RR  
(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 70 yrs years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State. Missouri (b) County. Monroe  
(c) City or town. Madison RR  
(If outside city or town limits, write "RURAL")  
(d) Street No. \_\_\_\_\_ (If rural, give location)  
(e) Citizen of foreign country? \_\_\_\_\_ (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME. Emily Margaret Loran

3. (b) If veteran, name war. \_\_\_\_\_ 3. (c) Social Security No. \_\_\_\_\_

4. Sex. Female 5. Color or race. w. 6. (a) Single, widowed, married, divorced. widowed

6. (b) Name of husband or wife. Michael Loran 6. (c) Age of husband or wife if alive. deceased

7. Birth date of deceased. Feb 25 - 1863  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
83 4 14 hr. min.

9. Birthplace. Fairfax Va  
(City, town, or county) (State or foreign country)

10. Usual occupation. Farming

11. Industry or business. Farming

12. Name. John Wellhames

13. Birthplace. Va  
(City, town, or county) (State or foreign country)

14. Maiden name. Electra Jane Sloan

15. Birthplace. Madison Co N. Y.  
(City, town, or county) (State or foreign country)

16. (a) Informant. Mrs. Vassar Loran

(b) Address. Madison RR

17. (a) burial (b) Date thereof. July 11 - 1946  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation. middle town

18. (a) Signature of funeral director. Fred A. Thompson

(b) Address. Madison RR

19. (a) July 24 46 (b) Oliver Little  
(Date received from registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 9  
year. 1946 hour 8 minute 50 am

21. I hereby certify that I attended the deceased from June 1946 to July 9 1946  
that I last saw her alive on July 6 1946  
and that death occurred on the date and hour stated above.

Immediate cause of death. uremia acute  
Due to. Cardio-renal - Vascular disease  
Due to \_\_\_\_\_

Duration  
4 days  
15 yrs

Other conditions. \_\_\_\_\_  
(Include pregnancy within 3 months of death)

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

Of autopsy. 1310

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)  
(c) Means of injury. 2

23. Signature. J.R. Gurnudo (M. D. or other) 2  
Address. Madison MO Date signed 7-22-46

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

9  
0  
0  
26661

RECEIVED  
District Health Officer No. 10  
District File Number 8-10-1527  
Date Filed AUG-14-1946

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 Mrs. Fred A. Thompson

Licensed Embalmer No. 3282

P. O. Address Madison, Wis

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.