V. S. No. 2
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED MAR 21 1947

Registration District No. 47

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 4068

State File No. 8152

Registrar's No. 103

1. PLACE OF DEATH:

(a) County CALLAWAY

(b) City or town MOKANE Mokane
(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 2 YRS
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State MISSOURI (b) County CALLAWAY 14

(c) City or town MOKANE 8
(If outside city or town limits, write "RURAL")

(d) Street No. 5
(If rural, give location)

(e) Citizen of foreign country? NO (Yes or No)

If yes, name country

3. (a) PRINT FULL NAME Albert LOANE

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex MALED

5. Color or race White

6. (a) Single, widowed, married, divorced DK. 9

6. (b) Name of husband or wife DK.

6. (c) Age of husband or wife if alive DK. years

7. Birth date of deceased NOV. (Month) 18 (Day) 1892 (Year)

8. AGE: Years 54 Months 3 Days 19 If less than one day hr. min.

9. Birthplace CALLAWAY Co. (City, town, or county) MO (State or foreign country)

10. Usual occupation LABORER

11. Industry or business

FATHER
12. Name ALONZO LOANE
13. Birthplace UNKNOWN (City, town, or county) 9 (State or foreign country)

MOTHER
14. Maiden name EFFIE CARVER
15. Birthplace UNKNOWN (City, town, or county) 9 (State or foreign country)

16. (a) Informant MRS GEO. LOVE 1

(b) Address MOKANE, MO

17. (a) BURIAL (Burial, cremation, or removal) (b) Date thereof MAR. 14, 1947 (Month) (Day) (Year)

(c) Place: burial or cremation MOKANE

18. (a) Signature of funeral director Glen Y. Maupin

(b) Address 712 Court St, Fulton, Mo.

19. (a) Mar 14-1947 (Date received local registrar) (b) Josie Morsinkhoff (Registrar's signature)

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MEDICAL CERTIFICATION

20. DATE OF DEATH: Month was found dead month day 8
year 1947 hour head been dead minute M.

21. ~~I hereby certify that I attended the deceased from~~
No evidence of suicide
that I last saw him alive on 19 ; 19 ;
and that death occurred on the date and hour stated above.

Immediate cause of death Apparently from some sort of heart failure

Due to

Due to was known to have a bad heart

Other conditions
(Include pregnancy within 3 months of death)
was found in his

Major findings:
Of operations
Coma

Of autopsy 95

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?
(Specify type of place)

While at work? (e) Means of injury 3

23. Signature M. P. Garrett Coroner (M. D. or other)

Address Fulton Mo Date signed 3/7/47

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 9,
SEP 3 1948
District File Number
Date Filed 3-18-42
APR 29 1947

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 Glen Y. Maupin

Licensed Embalmer No. 2725

P. O. Address Fulton, 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.