

National Office of Vital Statistics  
FILED DEC 30 1947

Registration District No. 209

Primary Registration District No. 2043

Registrar's No. 412

1. PLACE OF DEATH:

(a) County **MARION**  
(b) City or town **HANNIBAL**  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution: **ST. ELIZABETH HOSPITAL**  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution **6 weeks**  
In this community **6 Weeks**  
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State **MISSOURI** (b) County **MONROE**  
(c) City or town **MONROE CITY**  
(If outside city or town limits, write "RURAL")  
(d) Street No. **302 S. DAVIS ST.**  
(If rural, give location)  
(e) Citizen of foreign country? **NO** (Yes or No)  
If yes, name country

3. (a) PRINT FULL NAME **AGNESS LOUISE LOSSON**

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

4. Sex **FEMALE** 5. Color or race **WHITE** 6. (a) Single, widowed, married, divorced **MARRIED**

6. (b) Name of husband or wife **FRANCIS HERMAN LOSSON** 6. (c) Age of husband or wife if **65** years

7. Birth date of deceased **FEBRUARY 7 1886**  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
**61 9 28** hr. min.

9. Birthplace **MONROE CITY MISSOURI**  
(City, town, or county) (State or foreign country)

10. Usual occupation **AT HOME**

11. Industry or business

12. Name **JOSEPH B. HAYS**

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

14. Maiden name **MARY LEAKE**

15. Birthplace **KENTUCKY**  
(City, town, or county) (State or foreign country)

16. (a) Informant **Justin L. Losson**

(b) Address **Monroe City Mo**

17. (a) **BURIAL** (b) Date thereof **12/15/47**  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **HOLY ROSARY MONROE**

18. (a) Signature of funeral director **WILSON & SONS**

(b) Address **MONROE CITY, Mo**

19. (a) **12-9-47** (b) **Dr. E. M. Luke**  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **DECEMBER** day **5th**  
year **1947** hour **10** minute **30 A.M.**

21. I hereby certify that I attended the deceased from **Oct 7**, 19**47** to **Dec 5**, 19**47**  
that I last saw him alive on **12:5**, 19**47**  
and that death occurred on the date and hour stated above.

Immediate cause of death **Pneumonia**  
Due to **Pneumonia**

Due to

Other conditions (Include pregnancy within 3 months of death)

Major findings:  
Of operations  
Of autopsies

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? **MONROE CITY**  
(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

23. Signature **Dr. E. M. Luke** (M. D. or other)  
Address **Monroe Mo** Date signed **Dec-9-47**

Duration  
**2 weeks**  
**Oct 25 - 47**  
PHYSICIAN  
Underline the cause of which death should be charged statistically.

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

64  
3  
4

MAR 3 1949

**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 me

..... Registered Apprentice No. ....  
working under my personal supervision.

Signed Leslie L. Wilson

Licensed Embalmer No. 3014

P. O. Address Lawrence City, 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.