V. S. No. 2
00M—5-43
ev. 5-17-39
I X36671

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED DEC 22 1947

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

Monroe

State File No. 42593

Registration District No. 274 Primary Registration District No. 3052 Registrar's No. 424

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

1. PLACE OF DEATH:
(a) County PETTIS
(b) City or town SEDALIA
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 410 E HOWARD 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 43 YRS
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Mo (b) County PETTIS 80
(c) City or town SEDALIA 6
(If outside city or town limits, write "RURAL")
(d) Street No. 410 E HOWARD 4
(If rural, give location) 0
(e) Citizen of foreign country? ..... (Yes or No)
If yes, name country .....

3. (a) PRINT FULL NAME JOHN WESLEY LOONEY
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 MAR. 1
6. (b) Name of husband or wife ETHEL 6. (c) Age of husband or wife if alive 73 years
7. Birth date of deceased SEPT (Month) 3 (Day) 1870 (Year)

8. AGE: Years 77 Months 3 Days 3 If less than one day ..... hr. ..... min.

9. Birthplace MILLER CO. (City, town, or county) MO. 0 (State or foreign country)
10. Usual occupation RETIRED
11. Industry or business MO PAC. SHOPMAN
FATHER 12. Name MARION LOONEY
13. Birthplace ..... (City, town, or county) MO 0 (State or foreign country)
MOTHER 14. Maiden name SARAH HOGAN
15. Birthplace ..... (City, town, or county) MO 0 (State or foreign country)
16. (a) Informant MRS. J. W. LOONEY
(b) Address SEDALIA. MO
17. (a) BURIAL (Burial, cremation, or removal) (b) Date thereof 12-9-47 (Month) (Day) (Year)
(c) Place: burial or cremation CROWN HILL
18. (a) Signature of funeral director Geo Dillard
(b) Address Sedalia Mo.
19. (a) 12-9-47 (Date received local registrar) (b) Betty Yeager (Registrar's signature) Deputy

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month DEC. day 6TH year 1947 hour 5 minute 10 P.M.

21. I hereby certify that I attended the deceased from 10-18- 1947 to 12-6- 1947 that I last saw him alive on 12-6- 1947 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Nephritis	1
Due to Prostatitis	24
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations	
Of autopsy	

PHYSICIAN
Underline the [illegible] to wh[illegible]th sh[illegible] be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify) no
(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

23. Signature Alfred E Monroe (M. D. ~~or other~~) M.D.
Address 111 West 4 Sedalia Mo. Date signed 12-9-47

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 8,

District File Number.....

Date Filed 12-30-47

DEC 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 Frank S. Coffman Jr., Registered Apprentice No. 16, working under my personal supervision.

Signed John A. Cantlon

Licensed Embalmer No. 4387

P. O. Address Sedalia, 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.