

FILED FEB 4 1948

State File No. \_\_\_\_\_

Registration District No. \_\_\_\_\_

Primary Registration District No. 4025

Registrar's No. 113

1. PLACE OF DEATH:  
 (a) County Barnes  
 (b) City or town Skatoon  
 (If outside city or town limits, write "RURAL" and name of township)  
 (c) Name of hospital or institution: Skatoon Hospital  
 (If not in hospital or institution, write street number or location)  
 (d) Length of stay: In hospital or institution 2 days  
 In this community \_\_\_\_\_  
 years, months or days

2. USUAL RESIDENCE OF DECEASED:  
 (a) State Mo (b) County Newton  
 (c) City or town Rural  
 (If outside city or town limits, write "RURAL")  
 (d) Street No. 3 miles W. of Wentworth Mo. 2 miles South  
 (If rural, give location)  
 (e) Citizen of foreign country? No (Yes or No)  
 If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME John Raymond Loomis  
 (b) If veteran, name war No  
 (c) Social Security No. \_\_\_\_\_

MEDICAL CERTIFICATION  
 20. DATE OF DEATH: Month Jan day 9 year 1948 hour \_\_\_\_\_ minute \_\_\_\_\_ M.  
 21. I hereby certify that I attended the deceased from Jan 5 to Jan 7, 1948  
 that I last saw him alive on Jan 7, 1948  
 and that death occurred on the date and hour stated above.

4. Sex MO 5. Color or race W  
 6. (a) Single, widowed, married, divorced MARRIED  
 (b) Name of husband or wife Jillian Loomis 6. (c) Age of husband or wife if alive 32 years  
 7. Birth date of deceased April 23 1909  
 (Month) (Day) (Year)

Immediate cause of death Electric Burns  
 Duration 39 hours  
 Due to \_\_\_\_\_  
 Due to \_\_\_\_\_  
 Other conditions \_\_\_\_\_  
 (Include pregnancy within 3 months of death)

8. AGE: Years 38 Months 7 Days 7 If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

9. Birthplace Badger Kansas  
 (City, town, or county) (State or foreign country)

10. Usual occupation Farmer

11. Industry or business Business

12. Name Jess Loomis

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

14. Maiden name Flora M. Hummer

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

16. (a) Informant Ms Jillian Loomis

(b) Address Rural City RFD # 2

17. (a) Rural (b) Date thereof Jan 9 1948  
 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Van Buren County

18. (c) Signature of funeral director Walter Broo

(b) Address Wentworth Mo

19. (a) Jan 9 1948 (b) Grace Williams  
 (Date received local registrar) (Registrar's signature)

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

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) Contact @ 6900 Volt wire  
 (b) Date of occurrence 1-5-48  
 (c) Where did injury occur? Fairview Newton Mo  
 (City or town) (County) (State)  
 (d) Did injury occur in or about home, on farm, in industrial place, in public place?  
on country road  
 While at work? yes (Specify type of place) (c) Means of injury ?  
 23. Signature J. D. Smith (M. D. or other) DD  
 Address Wentworth Mo Date signed 1-7-48

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

MOTHER FATHER

RECEIVED

District Health Officer No. 6,

District File Number 148-190

Date Filed JAN 31 1948

FEB 5

1948

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 \_\_\_\_\_

Edwin P. Wilks, Registered Apprentice No. \_\_\_\_\_  
working under my personal supervision.

Signed Edwin P. Wilks

Licensed Embalmer No. 4131

P. O. Address Pease 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.