No. 2
-1/47
17-39

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

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

343

State File No.

FILED FEB 9 1948
Registration District No.

Primary Registration District No. 5126

Registrar's No. 138

1. PLACE OF DEATH:
(a) County Buchanan
(b) City or town Rural, Crawford Township
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution 5-mi. so of Faucett, Mo.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 3 (Specify whether
In this community 33 years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Buchanan 11
(c) City or town St. Joseph 1
(If outside city or town limits, write "RURAL")
(d) Street No. 2302 So. 5th St. 7
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No) 1
If yes, name country

3. (a) PRINT FULL NAME Ferman Lofts
3. (b) If veteran, name war No
3. (c) Social Security No. 491-10-3133
4. Sex Male 1
5. Color or race White
6. (a) Single, widowed, married, divorced Married 1
6. (b) Name of husband or wife Alma Lofts
6. (c) Age of husband or wife if alive 35 years
7. Birth date of deceased November (Month) 11 (Day) 1907 (Year)

8. AGE: Years 40 Months 2 Days 19 If less than one day hr. min.

9. Birthplace New Market (City, town, or county) Iowa (State or foreign country) 1
10. Usual occupation Transport driver
11. Industry or business St. Joseph Fuel Oil Co.
FATHER
12. Name Ralph Emerson Lofts
13. Birthplace Unknown (City, town, or county) Unknown (State or foreign country) 9
MOTHER
14. Maiden name Jennie M. Walker
15. Birthplace Unknown (City, town, or county) Unknown (State or foreign country) 9
16. (a) Informant Mrs. Alma Lofts
(b) Address St. Joseph, Mo.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 2/2/48 (Month) (Day) (Year)
(c) Place: burial or cremation Mt. Auburn Cemetery
18. (a) Signature of funeral director Heaton Bowman
(b) Address St. Joseph, Mo.
19. (a) 2-4-48 (Date received local registrar) (b) H. B. Jenkins (Registrar's signature) 383

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month January day 30
year 1948 hour 11 minute 45 A.M.
21. I hereby certify that I ~~attended~~ viewed the deceased from Jan 30th, 1948 to, 19..;
that I last saw h... alive on, 19..;
and that death occurred on the date and hour stated above.

Duration

Immediate cause of death Injuries received in Auto Collision

Due to

Due to

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

PHYSICIAN
Underline the cause of which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify) Accident 11
(b) Date of occurrence Jan 30th 1948
(c) Where did injury occur? Rural Buchanan Count (City or town) (County) (State) 4
(d) Did injury occur in or about home, on farm, in industrial place, in public place? Public Place (Specify type of place)
While at work? Yes (e) Means of injury Auto
23. Signature B. W. Tadlock (M. D. or other) Corone 3
Address King Hill Bldg Date signed 1/ 1/48
St. Joseph, Mo.
Call with other m. officials

Jefferson City Printing Co.

(Licensed Embalmer's Statement on Reverse Side)

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 William Gaudony, Registered Apprentice No. 28, working under my personal supervision.

Signed Eugene Wood

Licensed Embalmer No. 3804

P. O. Address 319 So. 16th, St. Joseph, 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.