. No. 2
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FEDERAL SECURITY AGENCY
National Office of Vital Statistics
FILED MAR 9 1948
Registration District No. 327

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 6076

State File No. 7408
Registrar's No. 327

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

1. PLACE OF DEATH:
(a) County St. Louis
(b) City or town Jefferson Barracks, Missouri
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Veterans Administration Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 1/23/48 to 2/27/48 (Specify whether
In this community ✓ years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County 200
(c) City or town St. Louis 17
(If outside city or town limits, write "RURAL")
(d) Street No. 4624 Atkins 9
(If rural, give location) 1
(e) Citizen of foreign country? - (Yes or No)
If yes, name country -

3. (a) PRINT FULL NAME LOFTON, Vernah E.
3. (b) If veteran, name war ME & WW-1
3. (c) Social Security No. Unknown
4. Sex Male 0
5. Color or race White
6. (a) Single, widowed, married, divorced Married 1
6. (b) Name of husband or wife Mary E.
6. (c) Age of husband or wife if alive 54 years
7. Birth date of deceased January (Month) 16 (Day) 1888 (Year)

8. AGE: Years 60 Months 1 Days 11 If less than one day hr. min.

9. Birthplace Blodgett, (City, town, or county) Missouri (State or foreign country) 0
10. Usual occupation Watchman
11. Industry or business
FATHER
12. Name Edward Lofton 1
13. Birthplace - Kentucky (City, town, or county) (State or foreign country)
MOTHER
14. Maiden name Claudia M. Crafton
15. Birthplace - Tennessee (City, town, or county) (State or foreign country) 1
16. (a) Informant Registrar
(b) Address VAH, Jefferson Barracks, Mo.
17. (a) 20 (Burial, cremation, or removal) (b) Date thereof 3/2/48 (Month) (Day) (Year)
(c) Place: burial or cremation Calvary Cemetery
18. (a) Signature of funeral director Fendler Med G
(b) Address 7420 Michigan Av
19. (a) 3-1-48 (Date received local registrar) (b) Cecil C. Sharp MD MSW (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb day 27 - year 1948 hour 6 pm minute M.

21. I hereby certify that I attended the deceased from January 23, 1948, to 1948; that I last saw him alive on February 27 1948; and that death occurred on the date and hour stated above.

Immediate cause of death Arteriosclerotic heart disease with myocardial failure (Class V) (2) Generalized arteriosclerosis ~~Xxxx~~ (3) Azotemia (uremia) (4) Intercapillary nephrosclerosis

Duration

Contributory cause: Diabetes, mellitus, Hypertension

Other conditions (Include pregnancy within 3 months of death)

Major findings:
Of operations 61
Of autopsy Autopsy performed (See cause of death)

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) None
(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 0

23. Signature J. A. McGlew MD (M. D. or other)
Address Jefferson Barracks Mo. Date signed

Jefferson City Printing Co. (Licensed Embalmer's Statement on Reverse Side)

MAR 9 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 _____, Registered Apprentice No. _____, working under my personal supervision.

Signed V. E. Morris

Licensed Embalmer No. 3360—

P. O. Address _____

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.