

No. 2
 12-45
 5-17-39
 X47070

DEPARTMENT OF COMMERCE

THE STATE BOARD OF HEALTH OF MISSOURI
 STANDARD CERTIFICATE OF DEATH

State File No. 15810

FILED JUN 4 1948

Dr. McKnelly 77

Registration District No. _____

Primary Registration District No. 5303

Registrar's No. 138

1. PLACE OF DEATH:

(a) County Cole
 (b) City or town RURAL--Jefferson Twnshp
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution:
R.F.D.#1, Jefferson City, Missouri
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution _____
 (Specify whether _____)
 In this community 31 yrs
 years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Cole 26
 (c) City or town RURAL 0
 (If outside city or town limits, write "RURAL")
 (d) Street No. R.F.D.#1, Jefferson City, Mo 0
 (If rural, give location)
 (e) Citizen of foreign country? no (Yes or No) 1
 If yes, name country _____

3. (a) PRINT FULL NAME Hugo R. Loeffler

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, Married

6. (b) Name of husband or wife Marie Loeffler 6. (c) Age of husband or wife if alive 65 years

7. Birth date of deceased April 26 1881
 (Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
67 1 8 hr. min.

9. Birthplace Pettis C unty, Mo. 0
 (City, town, or county) (State or foreign country)

10. Usual occupation Clerk State Sales Tax Dept

11. Industry or business _____

12. Name G.C. Loeffler 4

13. Birthplace Germany (State or foreign country)

14. Maiden name Nathalia Wagner

15. Birthplace Not Known 9
 (City, town, or county) (State or foreign country)

16. (a) Informant Edgar G. Loeffler

(b) Address Jefferson City, Missouri

17. (a) Burial (b) Date thereof June-3-1948
 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Rever View Cemetery

18. (a) Signature of funeral director [Signature]

(b) Address Jefferson City, Missouri

19. (a) 6-1-48 (b) [Signature]
 (Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 31
 year 1948 hour 10 minute 30 P M.

21. I hereby certify that I attended the deceased from Jan 15, 1944
 _____, 19____, to May 31, 1948
 that I last saw him alive on Feb. 19, 1948
 and that death occurred on the date and hour stated above.

Immediate cause of death Coronary occlusion
 after strain

Due to _____
 Due to _____

Other conditions (Include pregnancy within 3 months of death) _____

Major findings: Of operations _____
 Of autopsy _____

Duration _____
 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) _____
 (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?

While at work? _____ (Specify type of place) (c) Means of injury _____

23. Signature [Signature] (M. D. or other) MD.
 Address Jefferson City, Mo. Date signed 6-1-48

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

6
0
0

RECEIVED
District Health Officer No. 9,
District File Number
Date Filed JUN 3 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 *Orville Howard Jones*.....

Licensed Embalmer No. *444*.....

P. O. Address *Jefferson 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.