

Registration District No. **625-**
JAN 21 1940

Primary Registration District No. **3031**

1. PLACE OF DEATH

(a) County **Madaway**
(b) City or town **Marionville 1405 East 2nd**
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: **None**
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution **None**
(Specify whether years, months or days) **16 years**

3. (a) PRINT FULL NAME **John Edwin Looker**
8. (b) If veteran, name war **None** 3. (c) Social Security No. **488-14-5762**

4. Sex **Male** 5. Color or race **White** 6. (a) Single, widowed, married, divorced **Married**
6. (b) Name of husband or wife **Mrs Ada Looker** 6. (c) Age of husband or wife if alive **28** years
7. Birth date of deceased **Nov 28 1874**
(Month) (Day) (Year)

8. AGE: Years **66** Months **66** Days **1** If less than one day **R**
hr. min.

9. Birthplace **Marionville Missouri**
(City, town, or county) (State or foreign country)

10. Usual occupation **Farmer**

11. Industry or business **0**

MOTHER FATHER
12. Name **John Calvin Looker**
13. Birthplace **Unknown Ohio**
(City, town, or county) (State or foreign country)
14. Maiden name **Sue Ann Swartz**
15. Birthplace **Unknown Penn**
(City, town, or county) (State or foreign country)

16. (a) Informant **Raymond Looker**

(b) Address **119 N Alvin St Marionville Mo**

17. (a) **Burial** (b) Date thereof (Month) (Day) (Year)

(c) Place: burial or cremation **North Lawn**

18. (a) Signature of funeral director **Campbell Funeral Home**

(b) Address **737 South Main Marionville Mo**

19. (a) **Jan-1-1940** (b) **Marion E Clardy**
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **Madaway**
(c) City or town **Marionville**
(If outside city or town limit, write "RURAL")
(d) Street No. **1405 East Second**
(If rural, give location) **0**
(e) If foreign born, how long in U. S. A? **2** years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Dec** day **29**
year **1940** hour **12** minute **0** M.

21. I hereby certify that I attended the deceased from **Sept 4th 1939** to **Dec 29 1940**
that I last saw him alive on **Dec 28 1940**
and that death occurred on the date and hour stated above.
Immediate cause of death **Uremic Coma**

Due to **Chronic Nephritis with Edema**
Chronic Myocarditis

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations **131**

Of autopsy **131**

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?

556 (Specify type of place) While at work? (e) Means of injury

23. Signature **W.R. Jackson** (M. D. or other)

Address **Marionville Mo** Date signed **12-30-40**

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

FILED

4
7

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 Campbell, Registered Apprentice No.
working under my personal supervision.

Signed William Campbell

Licensed Embalmer No. 2670

P. O. Address Manjville 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, above space should be left blank.