

No. 2  
1-10-39  
17-39  
X21492

000  
WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

Registration District No. 71

Primary Registration District No. 5110 R

Registrar's No. 20

1. PLACE OF DEATH:

(a) County Boone  
(b) City or town Rural Cedar Twp  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution: 1  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution \_\_\_\_\_  
(Specify whether \_\_\_\_\_)  
In this community Life  
years, months or days

3. (a) PRINT FULL NAME John J. Looney  
8. (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 Martha Looney 6. (c) Age of husband or wife if alive 73 years  
7. Birth date of deceased March 16 1862  
(Month) (Day) (Year)

8. AGE: Years 79 Months 3 Days 13 If less than one day hr. min.

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

10. Usual occupation Farmer

11. Industry or business  
MOTHER FATHER { 12. Name George W. Looney  
18. Birthplace Missouri  
14. Maiden name Cornelia Young  
15. Birthplace Missouri

16. (a) Informant Louis J. Looney  
(b) Address Hartsburg Mo.

17. (a) Burial (b) Date thereof July 1 1941  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Mt Pleasant Cent  
18. (a) Signature of funeral director Walter Burnett  
(b) Address Ashland Mo.  
19. (a) 7-4-41 (b) Frances Nichols  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Boone  
(c) City or town Rural  
(If outside city or town limits write "RURAL")  
(d) Street No. 0  
(If rural, give location)  
(e) If foreign born, how long in U. S. A. ? \_\_\_\_\_ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 29  
year 1941 hour 6 minute 10 P.M.

21. I hereby certify that I attended the deceased from June 21 1941 to June 29 1941  
that I last saw him alive on June 28 1941  
and that death occurred on the date and hour stated above.

Immediate cause of death: Hypertrophic cirrhosis of liver

Due to \_\_\_\_\_  
Due to \_\_\_\_\_  
Other conditions (Include pregnancy within 3 months of death) \_\_\_\_\_

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

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? \_\_\_\_\_

23. \_\_\_\_\_ (Specify type of place) \_\_\_\_\_  
While at work? \_\_\_\_\_ (e) Means of injury !  
28. Signature John A. Jones (M. D. or other) DC.  
Address Ashland Date signed 6-30-41

Duration \_\_\_\_\_  
PHYSICIAN \_\_\_\_\_  
Underline the cause to which death should be charged statistically.

**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 Wm C. Burnett

Licensed Embalmer No. 3564

P. O. Address Ashtland 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.**