

Registration District No. 383

Primary Registration District No. 573-34

Registrar's No. _____

1. PLACE OF DEATH:

(a) County Haskell
(b) City or town Mountain View, Mo. (R)
(c) Name of hospital or institution: Solberry Sup
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 3 years (Specify whether years, months or days)
In this community _____

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Haskell
(c) City or town Mountain View Mo
(If outside city or town limits, write "RURAL")
(d) Street No. _____ (If rural, give location)
(e) Citizen of foreign country? 0 (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME

Thomas E. Loea

3. (b) If veteran, name war _____

3. (c) Social Security No. _____

4. W
5. Color or race W

6. (a) Single, widowed, married, divorced _____

6. (c) Age of husband or wife if alive 51 years (Month) (Day) (Year)

6. (b) Name of husband or wife

Anna P. Loea

7. Birth date of deceased

Oct 27 - 1864
(Month) (Day) (Year)

8. AGE:

Years 77 Months _____ Days _____ If less than one day _____ hr. _____ min.

9. Birthplace

Vt
(City, town, or county) (State or foreign country)

10. Usual occupation

Farming

11. Industry or business

12. Name

Michael S. Loea

13. Birthplace

Vermont
(City, town, or county) (State or foreign country)

14. Maiden name

Berry

15. Birthplace

New York
(City, town, or county) (State or foreign country)

16. (a) Informant

Lena Loea

(b) Address

Mountain View Mo

17. (a)

Burial (Burial, cremation, or removal) (b) Date thereof July 5 - 42 (Month) (Day) (Year)

(c) Place: burial or cremation

Chapel Hill

18. (a) Signature of funeral director

R. A. Sparka

(b) Address

Mountain View Mo

19. (a)

7/7 1942 (Date received local registrar) (b) Ruth Hunt (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 2 year 1942 hour 11 minute 15 a.m.

21. I hereby certify that I attended the deceased from June 19 1942 to June 29 1942 that I last saw him alive on June 19 1942 and that death occurred on the date and hour stated above

Immediate cause of death Heart Failure Duration _____

Due to Valvular Lesions and Arrhythmia-fibrillation
Due to _____

Other conditions Quarrel of lower extremities (intense) (Include pregnancy within 3 months of death)

Major findings: no operation PHYSICIAN _____

Of operations _____

Of autopsy no autopsy 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) Means of injury _____

23. Signature R. A. Sparka Date signed 7-2-1942
Address West Plains, Mo

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

4600

Handwritten notes, possibly "John F. Mean"

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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.....

John F. Mean

Registered Apprentice No. *301*

working under my personal supervision.

Signed *John F. Mean*

Licensed Embalmer No. *2516*

P. O. Address *Mr. Mean*

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.