

REC'D SEP 21 1938

MISSOURI STATE BOARD OF HEALTH  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF DEATH

Dr. Russell

28953  
Do not use this space.

1. PLACE OF DEATH

(a) County Greene Registration District No. 318  
 (b) Township N. Commercial Primary Registration District No. 5439 Registered No. 648  
 (c) City Springfield, Mo. Street No. Greene County Hospital St. R#4  
 (If death occurred in Hospital or Institution, write its name instead of street and number)  
 (e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Margaret Lovelace

(a) Residence, No. 639 S. Jefferson St.  (If nonresident, give city or town and State)  
 (Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widowed

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Pierce Lovelace

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Nov. 21, 1868

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.  
69 8 28

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Retired  
 9. Industry or business in which work was done, as saw mill, bank, etc.  
 10. Date deceased last worked at this occupation (month and year)  
 11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown 9

FATHER 13. NAME John J. Lathrin 9

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown 9

MOTHER 15. MAIDEN NAME Antoinette Wilson

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown

17. INFORMANT (ADDRESS) Hospital Records  
Springfield, Mo. R#4

18. BURIAL, CREMATION, OR REMOVAL PLACE Hazelwood DATE Aug. 22, 1938

19. FUNERAL DIRECTOR (NAME) (ADDRESS) H. H. Lohmeyer  
Springfield, Mo.

20. FILED Aug. 22, 1938 Chas. A. Reese, Jr.  
 Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) August 19, 1938

22. I HEREBY CERTIFY, That I attended deceased from July 18, 1938, to Aug 17, 1938.  
 I last saw her alive on Aug 17, 1938. Death is said to have occurred on the date stated above, at H.P. m.  
 The principal cause of death and related causes of importance were as follows:

Endo Carditis chronic 1920  
 92 in  
 Other contributory causes of importance:

Name of operation clinical Date of no  
 What test confirmed diagnosis? clinical Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following:  
 Accident, suicide, or homicide? \_\_\_\_\_ Date of injury \_\_\_\_\_, 19\_\_\_\_  
 Where did injury occur? \_\_\_\_\_ (Specify city or town, county, and State)  
 Specify whether injury occurred in industry, in home, or in public place.

Manner of injury \_\_\_\_\_  
 Nature of injury \_\_\_\_\_

24. Was disease or injury in any way related to occupation of deceased? \_\_\_\_\_  
 If so, specify \_\_\_\_\_ (Signed) R. Russell M. D.  
 (Address) Springfield, Mo.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

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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 .....

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

Signed, *Walter C. Hamilton*

Licensed Embalmer No. *3808*

P. O. Address *Springfield, 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.**