

NOV 21 1938

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

34593  
Do not use this space.

1. PLACE OF DEATH

(a) County Jackson Registration District No. 399  
(b) Township Kaw Primary Registration District No. 100  
(c) City K. C. Mo. (d) Street No. 1923 Cypress Avenue, K. C. Mo. St. 3929  
(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

142 Sophia Lovelace  
(a) Residence, No. 1923 Cypress, K.C. Mo. 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) Widow  
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF  
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Feb. 27th, 1872  
7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.  
66 7 10  
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.  
9. Industry or business in which work was done, as saw mill, bank, etc. At Home  
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) Missouri

FATHER 13. NAME William Davis

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) La.

MOTHER 15. MAIDEN NAME Rebecca Hopkins

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

17. INFORMANT William Lovelace (ADDRESS) 3832 Olive Street, K. C. Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Lee Summitt, Mo. DATE Oct. 10- 38

19. FUNERAL DIRECTOR (NAME) (ADDRESS) Mrs. C.L. Forster 918 Brooklyn Avenue, K.C. Mo.

20. FILED Oct 9 38 M. Crowe Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) October 7th, 1938

22. I HEREBY CERTIFY, That I attended deceased from Oct 4, 1938, to Oct 4, 1938

I last saw her alive on Oct 4, 1938. Death is said to have occurred on the date stated above, at 9:54 P.M.

The principal cause of death and related causes of importance were as follows:

Cerebral Hemorrhage Date of onset July  
Hypertensive  
8201

Other contributory causes of importance:  
Smoking  
Hypertension

Name of operation None Date of None  
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? None Date of injury None, 1938  
Where did injury occur? None  
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury None  
Nature of injury None

24. Was disease or injury in any way related to occupation of deceased? NO  
If so, specify  
(Signed) Ralph Jones M. D.  
(Address) 10800 E. 24

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.

**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.....

Licensed Embalmer No.....

P. O. Address.....

**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.**

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P. O. Address