

DEC 1 1938

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

Dr Schneider
40180
Do not use this space.

1. PLACE OF DEATH
 (a) County St Charles Registration District No. 757
 (b) Township _____ Primary Registration District No. 3036
 (c) City St Charles (d) Street No. _____ St.
 (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. 2 ds. (f) How long in U. S., if of foreign birth? _____ yrs. - mos. - ds.

2. PRINT FULL NAME Douglas H Love
 (a) Residence, No. Starlin County, Mo St. Millville Mo
 (Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

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

5A: IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Lizzie Glover

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Nov-17-1860

7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min.
77 11 14

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. Retired Farmer
 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) Callaway County Mo

FATHER 13. NAME Charles Love
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Virginia

MOTHER 15. MAIDEN NAME Mancy Jones
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Virginia

17. INFORMANT (ADDRESS) C. St. Hopkins

18. BURIAL, CREMATION, OR REMOVAL PLACE Millville Mo DATE Nov. 4 38

19. FUNERAL DIRECTOR (NAME) (ADDRESS) C. St Hopkins Montgomery City, Mo

20. FILED 11/1 1938 Clarence B. Bessler Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Nov 1 1938

22. I HEREBY CERTIFY, That I attended deceased from Oct. 29 1938, to Nov 1 1938
 I last saw him alive on 4:45 PM 1938 Death is said to have occurred on the date stated above, at 4:50 PM
 The principal cause of death and related causes of importance were as follows:
Hypertension
Asthma
vascular disease.
 Date of onset _____

Other contributory causes of importance: 92 hr

Name of operation None Date of _____
 What test confirmed diagnosis? None Was there an autopsy? _____

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) Dr Schneider M. D.
 (Address) St Charles 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.

1 X14028

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.