

REC'D JUN 8 1939

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

17433

Do not use this space.

1. PLACE OF DEATH

(a) County Jackson Registration District No. 399
 (b) Township Boyer Primary Registration District No. 1002
 (c) City Kansas City (d) Street No. 2204 Brooklyn Registered No. 1835
 (If death occurred in Hospital or Institution, write its name instead of street and number) St. _____
 (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

Donald Lee Love
 (a) Residence, No. 2518 Highland 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 M. 4. COLOR OR RACE Col. 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Single
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF _____
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) July 6, 1938
 7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
9 23
 OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Infant
 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) Kansas City Mo.
 FATHER 13. NAME Leo Robert Love
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Baxter Spgs. Kansas
 MOTHER 15. MAIDEN NAME Rosa Mae Aled
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Lafayette La.
 17. INFORMANT (ADDRESS) Leo Robert Love
2518 Highland
 18. BURIAL, CREMATION, OR REMOVAL PLACE Highland DATE 5/7/39
 19. FUNERAL DIRECTOR (NAME) (ADDRESS) Watkins Bros
1729 Lydex
 20. FILED May 2 1939 M. W. Brown
 Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 4-29-39, 19____
 22. I HEREBY CERTIFY That I attended deceased from _____, 19____, to _____, 19____.
 I last saw him _____ days or _____ weeks before _____, 19____. Death is said to have occurred on the date stated above, at 12:30 a.m.
 The principal cause of death and related causes of importance were as follows:
Strangulation
trauma between bed supports
injuries
 Date of onset _____
 Other contributory causes of importance: 182
16
 Name of operation _____ Date of _____
 What test confirmed diagnosis _____ Was there an autopsy? _____
 23. If death was due to external causes (violence), fill in also the following:
 Accident, suicide, or homicide homicide Date of injury 4-29-39, 19____
 Where did injury occur? down stairs
 (Specify city or town, county, and State)
 Specify whether injury occurred in industry, in home, or in public place. _____
 Manner of injury Caught as falling off bed
 Nature of injury _____
 24. Was disease or injury in any way related to occupation of deceased? _____
 If so, specify _____
 (Signed) Russell Jones, M. D.
 (Address) _____

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 Robert Adams.....

Registered Apprentice No. 178....., working under my personal supervision.

Signed T. B. Halkins.....

Licensed Embalmer No. 2889.....

P. O. Address 1729 Lydia.....

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.