

JUN 8 1939

MISSOURI STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

18441
Do not use this space.

1. PLACE OF DEATH

(a) County Cole Registration District No. 213
 (b) Township Marion Primary Registration District No. 3014 Registered No. 130
 (c) City Jefferson (d) Street No. _____
 (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. da. (f) How long in U. S., if of foreign birth? yrs. mos. da.

2. PRINT FULL NAME

100 EDWARD I. LOVE
 (a) Residence, No. Bonville Road St. Jefferson City, 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) married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Laura Love

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) April 19th 1887

7. AGE YEARS MONTHS DAYS If LESS than 1 day,hrs. ormin.
52 1 7

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Locomotive engineer
 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) Jefferson, Mo. A

FATHER 13. NAME J. D. Love

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Quincy, Ill. O

MOTHER 15. MAIDEN NAME Jessie Bowen

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Jefferson, Mo.

17. INFORMANT (ADDRESS) Tom Love Jefferson City, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Sedalia, Mo. DATE May 29th 1939

19. FUNERAL DIRECTOR (NAME) (ADDRESS) Thos. J. Gordon Jeff City, Mo

20. FILED 57291 1939 Public Health Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 26, 1939

22. I HEREBY CERTIFY, That attended deceased from Coroner's Case, 19____
 I last saw h. _____ alive on _____, 19____. Death is said to have occurred on the date stated above, at 11 P. m.
 The principal cause of death and related causes of importance were as follows:

Scalded to death in Cab of Engine Date of onset _____

Other contributory causes of importance: None

Name of operation none Date of _____
 What test confirmed diagnosis? _____ Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following:
 Accident, suicide, or homicide? Accident Date of injury May 26, 1939
 Where did injury occur? South Station, Cole County, Mo.
 Specify whether injury occurred in industry, in home, or in public place. Public Place - R.R. track
 Manner of injury Engine turned over
 Nature of injury Scalded to death

24. Was disease or injury in any way related to occupation of deceased? Yes
 If so, specify He was an Engineer on duty
 (Signed) Thos. J. Nicholas Coroner, D. _____
Centertown, Mo. (Address)

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.