Re Hearsch

REC'D JUL 19 1939

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

22983
Do not use this space.

1. PLACE OF DEATH
(a) County Pike
(b) Township Hartford
(c) City
(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. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

Registration District No. 690
Primary Registration District No. 2918
Registered No. 4

2. PRINT FULL NAME 1112 Henry S. Lovelace
(a) Residence, No. ..... St.
(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 M
4. COLOR OR RACE W
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Mattie Lovelace
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jan 9 - 1872
7. AGE YEARS 67 MONTHS 5 DAYS 14 If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
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.
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) MO

FATHER
13. NAME Joshua Lovelace
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) MO

MOTHER
15. MAIDEN NAME Lola Emma Trowen
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) MO

17. INFORMANT (ADDRESS) Everett Lovelace
18. BURIAL, CREMATION, OR REMOVAL
PLACE Centralia Mo DATE 6 25 39
19. FUNERAL DIRECTOR (NAME) (ADDRESS) W S Waters Vandalia MO
20. FILED June 28 1939 Mrs Lyss Moore
Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) ~~6 23~~ June 23rd 1939
22. I HEREBY CERTIFY, That I attended deceased from June 15th, 1939, to June 23rd, 1939
I last saw him alive on June 22nd, 1939. Death is said to have occurred on the date stated above, at 9 a.m.
The principal cause of death and related causes of importance were as follows:
Chronic Interstitial Nephritis
Date of onset
Other contributory causes of importance:
Acute Uremic Coma
Name of operation ..... Date of .....
What test confirmed diagnosis? Urinary. 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? no
If so, specify .....
(Signed) A. Hurst, M. D.
837 (Address) Middleton, Mo.

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

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.

RECEIVED
District Health Officer No. 10
District File Number 7-39-1186
Date Filed JUL 10 1939

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 Wm B Wales

Licensed Embalmer No. 332

P. O. Address Vandalia 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.