

AUG 12 1939

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

26098

Do not use this space.

1. PLACE OF DEATH

(a) County Lawrence Registration District No. 470
(b) Township Wass. Vernon Primary Registration District No. 5-633 Registered No. 89
(c) City Mt. Vernon, Missouri (d) Street No. Missouri State Sanatorium 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. 6 mos. 29 ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Mrs. Lucile Loving

(a) Residence, No. 135 E. Locust St. Aurora, 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) Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Ted Loving

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) May 25, 1905

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
34 1 8

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Housewife
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) Aurora, Missouri13. NAME Chas. Jones14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Joplin, Mo15. MAIDEN NAME Hetta Bailey16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Decatur, Ill.17. INFORMANT Ethel McMichael, Clerk
(ADDRESS) Missouri S. Sanatorium, Mt. Vernon

18. BURIAL, CREMATION, OR REMOVAL

PLACE Aurora, Mo. DATE July 3, 193919. FUNERAL DIRECTOR (NAME) King Funeral Home
(ADDRESS) Aurora, Mo20. FILED July 2, 1939 P. A. Holmes #21 (Address) Mt. Vernon, Mo.
Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 2, 193922. I HEREBY CERTIFY, That I attended deceased from December 3, 1939, to July 1, 1939I last saw her alive on July 1, 1939. Death is said to have occurred on the date stated above, at 1:15 a. m.

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

Pulmonary TuberculosisDate of onset
1937

Other contributory causes of importance:

Tuberculous Laryngitis
Tuberculous EnteritisName of operation None Date ofWhat test confirmed diagnosis? Wray 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) H. P. Mendenhall, M. D.(Address) Mt. Vernon, Mo.

RECEIVED

District Health Officer No. 6,

District File Number 839-1546

Date Filed AUG 8 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.....

Licensed Embalmer No.....

P. O. Address.....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to conform with the above constitutes grounds for revocation of license.)

If this body is not embalmed, above space should be left blank.