

Registration District No. 547

Primary Registration District No. 3029

1. PLACE OF DEATH:

(a) County Marion
(b) City or town Hannibal
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
408 Hill St. 2
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____
(Specify whether _____)
In this community _____
years, months or days) 130

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Marion
(c) City or town Hannibal-Mo
(If outside city or town limits, write "RURAL")
(d) Street No. 408 Hill
(If rural, give location)
(e) If foreign born, how long in U. S. A. _____ years.

3. (a) PRINT FULL NAME Michael P. Lovett
3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month Feb. day 29
year 1940 hour _____ minute 11 M.

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Lycia 6. (c) Age of husband or wife if alive 65 years
7. Birth date of deceased Sept 17 1869
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from Jan 15 1940 to Feb 29 1940
that I last saw him alive on Feb 29 1940
and that death occurred on the date and hour stated above.

8. AGE: Years Months Days If less than one day
70 5 12 hr. _____ min.

Immediate cause of death Myocarditis Duration _____
Due to 92H
Due to _____

9. Birthplace Hannibal Mo
(City, town, or county) (State or foreign country)
10. Usual occupation Carpenter

Other conditions Chronic Bronchitis
(Include pregnancy within 3 months of death)
Major findings: Of operations _____
Of autopsy _____

11. Industry or business 5
MOTHER FATHER { 12. Name George Lovett
13. Birthplace Ireland
(City, town, or county) (State or foreign country)
14. Maiden name Mary Coxin (Dronney)
15. Birthplace Ireland
(City, town, or county) (State or foreign country)

PHYSICIAN _____
Underline the cause to which death should be charged statistically

16. (a) Informant's own signature Lydia Lovett
(b) Address 408 Hill Hannibal, Mo
17. (a) Burial (b) Date thereof March 2-1940
(burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Grandview Burial Park
18. (a) Signature of funeral director James A. ...
(b) Address Hannibal, Mo
19. (a) 3-14-40 (b) J. C. Gisher
(Date received local registrar) (Registrar's signature)

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify) _____
(b) Date of occurrence _____
(c) Where did injury occur? _____ (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? 426
While at work? _____ (Specify type of place) (e) Means of injury _____
23. Signature W. H. ... (M. D. or other) _____
Address Hannibal Mo Date signed 2-13-40

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE 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.

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 *Michael J. McNamee*

Licensed Embalmer No. *3246*

P. O. Address *Hamlet, 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.