

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.

Registration District No. **689**

Primary Registration District No. **5917**

Registrar's No. _____

1. PLACE OF DEATH: **Pike Spout Falls, Mo**
 (a) County **Pike**
 (b) City or town **Rural - Louisiana**
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution: _____
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution **2**
 (Specify whether _____)

In this community _____
 years, months or days

8. (a) PRINT FULL NAME **Mrs (Wm) Lillie Lee Love**
 8. (b) If veteran, name war _____
 3. (c) Social Security No. _____

4. Sex **Female** 5. Color or race **White** 6. (a) Single, widowed, married, divorced **Widow**
 6. (b) Name of husband or wife **Wm Love** 6. (c) Age of husband or wife if alive, dead _____ years
 7. Birth date of deceased **March 20, 1867**
 (Month) (Day) (Year)

8. AGE: Years **73** Months **0** Days **29** If less than one day _____ hr. _____ min.
 9. Birthplace **Louisiana** **Mo**
 (City, town, or county) (State or foreign country)

10. Usual occupation **Housewife**
Farm

11. Industry or business _____

MOTHER FATHER { 12. Name **William Fisher**
 13. Birthplace **Germany**
 (City, town, or county) (State or foreign country)
 14. Maiden name **Pora Icenhute**
 15. Birthplace **Germany**
 (City, town, or county) (State or foreign country)

16. (a) Informant's own signature **Bible Record**
 (b) Address **Rural - Louisiana Mo**

17. (a) **Burial** (b) Date thereof **4-21-40**
 (Burial, cremation, or removal) (Month) (Day) (Year)
 (c) Place: burial or cremation **Fairview, Pike Co. Mo**

18. (a) Signature of funeral director **J. B. Brigg**
 (b) Address **Louisiana Mo**

19. (a) **4-20-40** (b) **J. B. Brigg**
 (Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
 (a) State **Mo** (b) County **Pike**
 (c) City or town **Rural Near Louisiana**
 (If outside city or town limits, write "RURAL")
 (d) Street No. _____
 (If rural, give location)
 (e) If foreign born, how long in U. S. A.? _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **April** day **19**
 year **1940** hour **10** minute **45 P. M.**

21. I hereby certify that I attended the deceased from **Mar 1st**, 19**40** to **April 19**, 19**40**
 that I last saw her alive on **April 17**, 19**40**,
 and that death occurred on the date and hour stated above.

Immediate cause of death **Chronic myocarditis**
 Duration _____

Due to _____

Due to _____

Other conditions _____
 (Include pregnancy within 3 months of death)

Major findings:
 Of operations _____

Of autopsy **none**

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

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?
 _____ (Specify type of place)
 While at work? _____ (e) Means of injury _____

23. Signature **J. B. Brigg** (M. D. or other) _____
 Address **Bonnie Green Mo** Date signed **4/20/40**

RECEIVED

District Health Officer No. 10

District File Number 5-40-951

Date Filed MAY 8 1940

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.....

George O. Wagner, Registered Apprentice No.
working under my personal supervision.

Signed

George O. Wagner

Licensed Embalmer No. 3173

P. O. Address Louisiana, 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.