FILED JUL 22 1940

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v. 5-17-39
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 22015

Registration District No. 417 Primary Registration District No. 3021 Registrar's No. 68

1. PLACE OF DEATH:
(a) County: Jasper
(b) City or town: Webb City (If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 1321 W. BROADWAY. (If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution (Specify whether years, months or days)
In this community: 8 years

2. USUAL RESIDENCE OF DECEASED:
(a) State: Missouri (b) County: Jasper
(c) City or town: Webb City Mo (If outside city or town limits, write "RURAL")
(d) Street No.: 1321 W Broadway (If rural, give location)
(e) If foreign born, how long in U. S. A.? ... years.

3. (a) PRINT FULL NAME: JAMES M. LOVE 160
3. (b) If veteran, name war: X
3. (c) Social Security No.: X
4. Sex: Male
5. Color or race: W
6. (a) Single, widowed, married, divorced: Married
6. (b) Name of husband or wife: Mollie Love
6. (c) Age of husband or wife if alive: 75 years
7. Birth date of deceased: August (Month) 10 (Day) 1861 (Year)
8. AGE: Years 78 Months 9 Days 28 If less than one day ... hr. ... min.
9. Birthplace: Stella (City, town, or county) Missouri (State or foreign country)
10. Usual occupation: retired farmer 0
11. Industry or business: 0
FATHER 12. Name: John Love 0
13. Birthplace: No data (City, town, or county) Missouri (State or foreign country)
MOTHER 14. Maiden name: Mary Roseberry
15. Birthplace: No data (City, town, or county) Missouri (State or foreign country)
16. (a) Informant: H. C. Love (SON)
(b) Address: Webb City Mo
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: 6/10/40 (Month) (Day) (Year)
(c) Place: burial or cremation: Oronogo Cemetery
18. (a) Signature of funeral director: Hedge-Nelson
(b) Address: Webb City Mo
19. (a) JUNE 12 40 (Date received local registrar) (b) J. L. Pritchett M.D. (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 6 day 8 year 1940 hour 6 minute 15 P.M.
21. I hereby certify that I attended the deceased from May 18, 1940 to June 8, 1940 that I last saw him alive on June 8, 1940 and that death occurred on the date and hour stated above.

Immediate cause of death — Duration
Due to: Chronic Valvular Heart (DISEASE)
Due to:
Other conditions (Include pregnancy within 3 months of death): 97 W
Major findings: Of operations:
Of autopsy:

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: E. L. Ingram M.D. (Attending physician or other)
Address: 708 Pendergrass Bldg. Date signed: 7-11-40

(Licensed Embalmer's Statement on Reverse Side)

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 G. W. Hedge, Registered Apprentice No. ....., working under my personal supervision.

Signed G. W. Hedge

Licensed Embalmer No. 2859

P. O. Address Webb City, 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.