

Registration District No. **370**

Primary Registration District No. **4216**

Registrar's No. _____

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH:

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

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Holt
(c) City or town Forest City
(If outside city or town limits, write "RURAL")
(d) Street No. City (If rural, give location)
0
(e) If foreign born, how long in U. S. A.? USA. life years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 27 day Nov
year 1940 hour 7 minute 35 p.m.
21. I hereby certify that I attended the deceased from June 1
1940, to Nov 27, 1940;
that I last saw him alive on Nov 27, 1940;
and that death occurred on the date and hour stated above.
Immediate cause of death Spinal Paralysis

3. (a) PRINT FULL NAME FRANCIS MARRION LOVELADY

3. (b) If veteran, name war no 3. (c) Social Security No. _____

4. Sex Male 5. Color or race white 6. (a) Single, widowed, married, divorced married
6. (b) Name of husband or wife Mary Catherine Lovelady 6. (c) Age of husband or wife if alive 58 years
7. Birth date of deceased 1870
(Month) (Day) (Year)

8. AGE: Years 72 Months 10 Days 28 If less than one day hr. _____ min. _____

9. Birthplace Forest City Holt Co., Mo.
(City, town, or county) (State or foreign country)

10. Usual occupation Farmer

11. Industry or business _____

MOTHER FATHER { 12. Name Harriet Brender
13. Birthplace near Forest City
(City, town, or county) (State or foreign country)
14. Maiden name Francis Marion Lovelady
15. Birthplace Nashville Tenn.
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Emma Frederick
(b) Address Pulo Neb.

17. (a) _____ (b) Date thereof 11 28 40
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Pulo, Neb.

18. (a) Signature of funeral director J. P. Hill Ashmun
(b) Address 28-40 North Grand

19. (a) 11-28-40 (b) _____
(Date received local registrar) (Registrar's signature)

Due to _____
Due to _____

Other conditions Autoni's Sclerosis
(Include pregnancy within 3 months of death)

Major findings: Cause of right side of face was
Of operations N. I. P.
Of autopsy no

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

23. Signature Max Chung (M. D. or other) _____
Address Forest City Mo. Date signed 11 27 40

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.....

J. Fred Terhune

Licensed Embalmer No. 1239

P. O. Address. Savannah

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.