

FILED FEB 17 1941

Registration District No. 396

Primary Registration District No. 4233

Registrar's No. _____

1. PLACE OF DEATH:

(a) County Jackson
(b) City or town Buckner
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
at her 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 _____
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson
(c) City or town Buckner
(If outside city or town limit 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 Jan day 8
year 1941 hour 2 minute 20 P. M.

21. I hereby certify that I attended the deceased from
Dec 18, 1940, to Jan 8, 1941
that I last saw her alive on Jan 8, 1941;
and that death occurred on the date and hour stated above.

Immediate cause of death
Mitral Regurgitation

Duration

Due to _____

Due to _____

Other conditions
(Include pregnancy within 3 months of death)

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?

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

23. Signature John W. Robertson (M. D. or other) _____

Address Buckner, Mo Date signed Jan 8 1941

3. (a) PRINT FULL NAME Alice M. Love

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

4. Sex F 5. Color or race White 6. (a) Single, widowed, married, divorced married

6. (b) Name of husband or wife Newton J. Love 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased Feb. 4, 1860
(Month) (Day) (Year)

8. AGE: Years 80 Months 11 Days 4
If less than one day _____ hr. _____ min.

9. Birthplace Jackson County Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business _____

12. Name Washington Latimer

13. Birthplace not known _____
(City, town, or county) (State or foreign country)

14. Maiden name Margaret Campbell

15. Birthplace Jackson County _____
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Ottis Adams

(b) Address Grain Valley, Mo.

17. (a) Buckner Cemetery (b) Date thereof Jan 10 1941
(Burial, cremation, etc.) (Month) (Day) (Year)

(c) Place: burial or cremation Buckner, Mo.

18. (a) Signature of funeral director W. M. Reppert

(b) Address Buckner, Mo.

19. (a) John W. Robertson (b) John W. Robertson
(If received local registrar) (Registrar's signature)

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

48
00

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 _____

V. M. Reppert

Licensed Embalmer No. 2321

P. O. Address Buckner, 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.