

Registration District No. **533**

Primary Registration District No. **5713**

Registrar's No. **10**

1. PLACE OF DEATH

(a) County **Macon**  
(b) City or town **Macon Mo**  
(c) Name of hospital or institution: **Walden**  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether)  
In this community **Don't know** years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State **Mo.** (b) County **Macon**  
(c) City or town **Rural** (If outside city or town limits, write "RURAL")  
(d) Street No. **Anderson Lane** (If rural, give location)  
(e) If foreign born, how long in U. S. A.? **0** years.

3. (a) PRINT FULL NAME **Otto Lovland**

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

4. Sex **Male** 5. Color or race **W** 6. (a) Single, widowed, divorced, **married**  
6. (b) Name of husband or wife **Nora Lovland** 6. (c) Age of husband or wife if alive **54** years  
7. Birth date of deceased **Sept 13 1885** (Month) (Day) (Year)

8. AGE: Years **55** Months **4** Days **14** If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

9. Birthplace **Lansdowne** (City, town, or county) **Minn** (State or foreign country)

10. Usual occupation **Salesman**

11. Industry or business \_\_\_\_\_

12. Name **Elef Lovland**

13. Birthplace **Norway** (City, town, or county) (State or foreign country)

14. Maiden name **Maria Western**

15. Birthplace **Norway** (City, town, or county) (State or foreign country)

16. (a) Informant **Nora Lovland**

(b) Address **Macon, Mo.**

17. (a) **Burial** (Burial, cremation, or removal) (b) Date thereof **Jan 29-41** (Month) (Day) (Year)

(c) Place: burial or cremation **Walden Bur**

18. (a) Signature of funeral director **Stephens & Co**

(b) Address **Macon, Mo.**

19. (a) **2/6/41** (Date received local registrar) (b) **Seetha Newton** (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Jan** day **27** year **1941** hour **9** minute **00** A.M.

21. I hereby certify that I attended the deceased from **Dec 21 1940** to **Jan 27 1941**  
that I last saw him alive on **Jan 27 1941** and that death occurred on the date and hour stated above.

Immediate cause of death **Coronary thrombosis**  
Due to \_\_\_\_\_  
Due to \_\_\_\_\_  
Other conditions **Arteriosclerosis**  
(Include pregnancy within 3 months of death)

Duration **4 hours**  
**1 month**  
**2 weeks**

PHYSICIAN  
Major findings: \_\_\_\_\_  
Of operations \_\_\_\_\_  
Of autopsy \_\_\_\_\_  
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? \_\_\_\_\_  
**476** (Specify type of place)  
While at work? \_\_\_\_\_ (e) Means of injury \_\_\_\_\_

23. Signature **Seetha Newton** (M. D. or other) \_\_\_\_\_  
Address **Macon Mo** Date signed **2/6/41**

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

MOTHER FATHER

S

FEB 14 1941

RECEIVED

District Health Officer No. 10

District File Number 2-41-326

Date Filed FEB 14 1941

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.....

*C. L. Stephens*

Licensed Embalmer No. 3057

P. O. Address.....

*Macon, 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, fact should be so stated above.