

No. 2
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FILED JUN 11 1941

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 17132

Registration District No. 399

Primary Registration District No. 1002

Registrar's No. 1791

1. PLACE OF DEATH:

(a) County Jackson
(b) City or town KC Mo
(c) Name of hospital or institution: (Home) 2302 Tracy
(d) Length of stay: In hospital or institution: Lifetime
(e) In this community... years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Jackson
(c) City or town Kansas City
(d) Street No. 2302 Tracy
(e) Citizen of foreign country? (Yes or No)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 4th year 1941 hour minute M.
21. I hereby certify that I attended the deceased from Feb 1 - 1941 to May 4th 1941
that I last saw him alive on May 3 1941 and that death occurred on the date and hour stated above.

Immediate cause of death: Hemiplegia
Due to: Hypertension

Other conditions: Mitral Regurgitation

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?
(d) Did injury occur in or about home, on farm, in industrial place, in public place?

23. Signature: J. W. Brown (M. D. or other) Address: 1705 E 12th Date: May 5-41

FRANK WELLINGTON LOVE

3. (b) If veteran, Spanish American 3. (c) Social Security No. none

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

6. (b) Name of husband or wife: Mays 6. (c) Age of husband or wife if alive: 60 years

7. Birth date of deceased: Nov 20 1877 (Month) (Day) (Year)

8. AGE: Years 63 Months 5 Days 14 If less than one day hr. min.

9. Birthplace: KC Mo (City, town, or county) (State or foreign country)

10. Usual occupation: Army officer retired

11. Industry or business: U.S. Army

12. Name: Major Love

13. Birthplace: Lexington Mo (City, town, or county) (State or foreign country)

14. Maiden name: Don't know

15. Birthplace: Don't know (City, town, or county) (State or foreign country)

16. (a) Informant: Mays B Love widow (b) Address: 2302 Tracy

17. (a) Burial (b) Date there: 5-7-41 (Month) (Day) (Year)

18. (a) Signature of funeral director: Highland Cemetery (b) Address: 1819 E. 15th KC Mo

19. (a) Date received by local registrar: May 5 1941 (b) Registrar's signature: M. M. Crowe

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

MOTHER FATHER

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

Edw. J. ...

Licensed Embalmer No.

P. O. Address

3836
1819 E 15th Ave

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.

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BUREAU OF THE CENSUS

STANDARD CERTIFICATE OF DEATH

State File No. 17132

Registration District No. 399

Primary Registration District No. 1002

Registrar's No. 1794

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

1. PLACE OF DEATH:

(a) County Jackson Mo
 (b) City or town J. C. Mo
(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.....
(Specify whether
 In this community.....
years, months or days)

3. (a) PRINT FULL NAME Leop Frank Wellington Grove
 3. (b) If veteran, name war.....
 3. (c) Social Security No.....

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

8. AGE: 63 Years Months Days If less than one day
hr. min.

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

10. Usual occupation.....

11. Industry or business.....

12. Name.....

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

14. Maiden name.....

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

16. (a) Informant.....
 (b) Address.....

17. (a)..... (b) Date thereof.....
(Burial, cremation, or removal) (Month) (Day) (Year)
 (c) Place: burial or cremation.....

18. (a) Signature of funeral director.....
 (b) Address.....

19. (a) May 6 1948 (b) M. B. Grove
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Jackson
 (c) City or town Kansas City
(If outside city or town limits write "RURAL")
 (d) Street No. 2302 Brady
(If rural, give location)
 (e) If foreign born, how long in U. S. A.?..... years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 4
 year 1948 hour..... minute..... M.

21. I hereby certify that I attended the deceased from....., 19....., to....., 19.....;
 that I last saw h..... alive on....., 19.....;
 and that death occurred on the date and hour stated above.

Immediate cause of death: Cerebral Stenosis
92B

Due to.....

Due to Arterial Regurgitation

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

Major findings:
 Of operations.....

Of autopsy.....

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?

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

23. Signature W. Brown (M. D. or other) !
 Address..... Date signed.....

SUPPLEMENTAL

S-17132