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

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 29106

Registration District No. 689

Primary Registration District No. 3033

Registrar's No. 0

1. PLACE OF DEATH:

(a) County Pike

(b) City or town Louisiana Co.
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: 1212 N39
(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 Mo (b) County Pike

(c) City or town Louisiana
(If outside city or town limits, write "RURAL.")

(d) Street No. 212 N39
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No)

If yes, name country _____

3. (a) PRINT FULL NAME Charles Truman Lovell

3. (b) If veteran, name war no

3. (c) Social Security No. no

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month August day 14 year 1941 hour 7 minute 00 P. M.

21. I hereby certify that I attended the deceased from Several years 1914 to 8/14 1941; that I last saw him alive on 8/14 1941; and that death occurred on the date and hour stated above.

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

6. (b) Name of husband or wife MINNIE WILLIAMS LOVELL 6. (c) Age of husband or wife if alive 63 years

7. Birth date of deceased: 8/29 69
(Month) (Day) (Year)

Immediate cause of death Chronic Myocarditis

Duration _____

8. AGE: Years 71 Months 11 Days 15 If less than one day _____ hr. _____ min.

Due to Heart exhaustion

Due to _____

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

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

Major findings: Of operations none 938

Of autopsy _____

10. Usual occupation Retired

11. Industry or business Grocery Retail

12. Name Andrew Jackson Lovell

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

14. Maiden name Rebecca Ann Barton

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

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) none

(b) Date of occurrence none

(c) Where did injury occur? none
(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)

16. (a) Informant Mr. Chas J Lovell

(b) Address Louisiana Mo

17. (a) Burial (b) Date thereof 8/16/41
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Funerary Louisiana Mo

23. Signature [Signature] (M. D. or _____)

Address Louisiana Mo Date signed 8/14/41

18. (a) Signature of General Director [Signature]

(b) Address Louisiana Mo

(c) Date received local registrar 8/15/41 (d) [Signature] (Registrar's signature)

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RECEIVED

District Health Officer No. 10

District File Number

9-41-1627

Date Filed

SEP - 8 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.....

George O. Wagner

Registered Apprentice No.

working under my personal supervision.

Signed

George O. Wagner

Licensed Embalmer No.

37703

P. O. Address

Louisiana, 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.