

S. No. 2
1-1-4-41
5-17-39
X26390

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILLED NOV 22 1941

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 34659
Registrar's No. 166

Registration District No. 198

Primary Registration District No. 3011

1. PLACE OF DEATH:
(a) County Clay
(b) City or town Excelsior Springs, Mo.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Veterans Administration Facility
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 29 days
In this community 29 days
years, months or days

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Vernon
(c) City or town Nevada
(If outside city or town limits, write "RURAL")
(d) Street No. 516 E. Ashland
(If rural, give location)
(e) Citizen of foreign country? -- No (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Lafe W. Lovell
3. (b) If veteran, name war World
3. (c) Social Security No. Yes, not remembered

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month November day 14th
year 1941 hour 2:35 minute A. M.
21. I hereby certify that I attended the deceased from October 17 19 41 to November 14 19 41;
that I last saw him alive on November 14 19 41
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 Goldie Marie Lovell
6. (c) Age of husband or wife if alive 42 years
7. Birth date of deceased July 25, 1895
(Month) (Day) (Year)

Immediate cause of death Carcinoma of head of pancreas with metastasis to liver
Duration

8. AGE: Years Months Days If less than one day
46 3 20 hr. min.

Due to
Due to
Other conditions (Include pregnancy within 9 months of death)
Major findings: Of operations
Of autopsy As shown above

9. Birthplace Nevada, Mo.
(City, town, or county) (State or foreign country)
10. Usual occupation W.P.A. employee-Laborer

Due to
Due to
Other conditions (Include pregnancy within 9 months of death)
Major findings: Of operations
Of autopsy As shown above

MOTHER FATHER { 11. Industry or business
12. Name John Lovell
13. Birthplace Illinois
(City, town, or county) (State or foreign country)
14. Maiden name Alice Morgan
(City, town, or county) (State or foreign country)
15. Birthplace Kentucky
(City, town, or county) (State or foreign country)

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?
(Specify type of place) (Means of injury)

16. (a) Informant Hospital records, Veterans Administration, Excelsior Springs, Mo.
(b) Address Removal
(Burial, cremation, or removal) (b) Date thereof 11-14-41
(Month) (Day) (Year)
(c) Place: burial or cremation Nevada, Mo.

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?
(Specify type of place) (Means of injury)

18. (a) Signature of funeral director Claude Pritchard, Undertaker
(b) Address Excelsior Springs, Mo.
19. (a) Nov 14 - 1941 (Date received local registrar)
(b) Maureen W. Creech (Registrar's signature)

23. Signature E. A. Welch (M. D. or other)
Address Veterans Administration Date signed 11-14-41

180 (Licensed Embalmer's Statement on Reverse Side) Excelsior Springs, Mo.

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

NOV 21 1964

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 Robert Ray

Licensed Embalmer No. 4182

P. O. Address Excelsior Springs, 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.