

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. **35949**

FILED NOV 13 1941
Registration District No. **192**

Primary Registration District No. **4463**

Registrar's No. **1066**

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

94
3
1

1. PLACE OF DEATH:
(a) County **Elvins, Mo. St. Francois**
(b) City or town **Elvins**
(c) Name of hospital or institution: **Residents**
(d) Length of stay: In hospital or institution **60 years**
In this community **60 years**

2. USUAL RESIDENCE OF DECEASED:
(a) State **Missouri** (b) County **St. Francois**
(c) City or town **Elvins**
(d) Street No. **Elvins**
(e) Citizen of foreign country? **2** (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME **Hugh Lovvorn**

MEDICAL CERTIFICATION **(by the)**
Oct. 14 1941

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

20. DATE OF DEATH: Month **Oct.** 19**41**
year _____ hour **3 a.** minute _____ M.

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

21. I hereby certify that I attended the deceased from **Oct 11 1941** to **Oct 14 1941**
that I last saw him alive on **10-12 1941**
and that death occurred on the date and hour stated above.

6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased **Sept. 1, 1851**
(Month) (Day) (Year)

Immediate cause of death **Pneumo-pneumonia**
Due to **Chronic nephritis**
arteriosclerosis
Due to _____
Other conditions (Include pregnancy within 3 months of death) _____
Major findings: Of operations **107**
Of autopsy _____

8. AGE: Years **90** Months **1** Days **13** If less than one day hr. _____ min. _____

Duration **3d**
PHYSICIAN _____
Underline the cause to which death should be charged statistically.

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

10. Usual occupation **Miner**

11. Industry or business **St. Joseph Lead Co.**

12. Name **Harvey Lovvorn**

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

14. Maiden name **Freden Colson** (City, town, or county) (State or foreign country)

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

16. (a) Informant **Harvey Lovvorn**

(b) Address **Elvins, Mo. 10/15/41**

17. (a) **Burial** (Burial, cremation, or removal) (b) Date thereof **10/15/41** (Month) (Day) (Year)

(c) Place: burial or cremation **Woodlawn Sparks Funeral Home**

18. (a) Signature of funeral director **Elvins, Mo.**

(b) Address _____

19. (a) **10/15/41** (Date received local registrar) (b) **OB Starnes MD** (Registrar's signature)

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? **0**

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

23. Signature **W. B. Gabe** (M. D. or other) _____
Address **Elvins** Date signed **10-16-41**

(Licensed Embalmer's Statement on Reverse Side)

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.....

Everett Sparks

Licensed Embalmer No.

2639

P. O. Address.....

Elvins 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.