

S. No. 2  
4-13-40  
5-17-39  
PI X2159

Dr. Hellen  
39013  
State File No. \_\_\_\_\_  
Registrar's No. 116

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

FILED DEC 12 1941

Registration District No. 697

Primary Registration District No. 862

1. PLACE OF DEATH:

(a) County Pemiscot  
(b) City or town Caruthersville "Rural"  
(If outside city or town limits, write "RURAL" and State of Residence)  
(c) Name of hospital or institution: Home  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution \_\_\_\_\_  
In this community 11 Years (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Pemiscot  
City or town Near Caruthersville "Rural"  
(If outside city or town limits, write "RURAL")  
(d) Street No. Rural Route No. 1  
(If rural, give location)  
(e) If foreign born, how long in U. S. A.? X years.

3. (a) PRINT FULL NAME Marion Love

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

4. Sex Male 2 5. Color or race Negro 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Ella Love 6. (c) Age of husband or wife if alive About 69

7. Birth date of deceased Unknown  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
About 73 hr. min.

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

10. Usual occupation Day Laborer

11. Industry or business X

12. Name George Love

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

14. Maiden name Unknown

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

16. (a) Informant Wade Love  
(b) Address Near Caruthersville, Mo.

17. (a) Burial (b) Date thereof 11/6/41  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Morgan Ridge Cemetery

18. (a) Signature of funeral director A. Smith  
(b) Address Caruthersville, Mo.

19. (a) Nov. 8, 1941 (b) Ada Martin  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month November day 5th,  
year 1941 hour Seven minute P. M.

21. I hereby certify that I attended the deceased from Oct 24  
1941 to Nov 5, 1941

that I last saw him alive on \_\_\_\_\_, 19\_\_\_\_  
and that death occurred on the date and hour stated above.

Immediate cause of death Colitis

Due to \_\_\_\_\_

Due to \_\_\_\_\_

Other conditions 1200  
(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 A. B. Smith (M. D. or other) MD  
Address Caruthersville Date signed 11-7-41

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

8  
0  
0

78  
5  
0

12-41-17

DEC 16 1944

**STATEMENT BY LICENSED EMBALMER**

Not

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

Body was not embalmed.....

Registered Apprentice No.....

working under my personal supervision.

Signed.....

*James A. Osburn*

Licensed Embalmer No. 4185

P. O. Address *Cautledgeville, 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.