. S. No. 2
I—11-10-39
v. 5-17-39
I X21492

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED JAN 20 1942

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 42550

Registration District No. 591 — Primary Registration District No. 5789 — Registrar's No. 3

1. PLACE OF DEATH:
(a) County Montgomery
(b) City or town Rural Prairie Twp
(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 8 years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Montgomery
(c) City or town Gamma
(If outside city or town limits, write "RURAL")
(d) Street No. ____ (If rural, give location)
(e) If foreign born, how long in U. S. A.? ____ years.

3. (a) PRINT FULL NAME Maggie Louisa Lovelace
3. (b) If veteran, name war ____ 3. (c) Social Security No. ____
4. Sex Female 1
5. Color or race White
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife John Henry Lovelace
6. (c) Age of husband or wife if alive 76 years
7. Birth date of deceased Feb. (Month) 1 (Day) 1867 (Year)

8. AGE: Years	Months	Days	If less than one day
74	10	14	____ hr. ____ min.

9. Birthplace Middletown Mo. (City, town, or county) (State or foreign country)
10. Usual occupation Housewife
11. Industry or business ____
FATHER
12. Name Alexander Smith
13. Birthplace ____ (City, town, or county) Kentucky (State or foreign country)
MOTHER
14. Maiden name Agnes Wright
15. Birthplace ____ (City, town, or county) Kentucky (State or foreign country)
16. (a) Informant John Henry Lovelace
(b) Address Bellflower Mo.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Dec. 16/41 (Month) (Day) (Year)
(c) Place: burial or cremation Gamma Cemetery
18. (a) Signature of funeral director Cedric K. Jones
(b) Address Bellflower Mo.
19. (a) 12/21/41 (Date received local registrar) (b) Mrs. Verda Bethel (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month December day 15th year 1941 hour 11 minute 45 P.M.
21. I hereby certify that I attended the deceased from Aug, 1934, to Dec 15th, 1941 that I last saw her alive on Dec 9 - 1941 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Pylonephritis	2 wks
Due to Chronic myocarditis	
Due to Chronic interstitial nephritis	
Other conditions (Include pregnancy within 3 months of death)	
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? ____ (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)
While at work? ____ (e) Means of injury ____
23. Signature A. H. Van Arsdale (M. D. or other) DO
Address Montgomery City Mo. Date signed 12/16/41

(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 Cedric K. Jones

Licensed Embalmer No. 4223

P. O. Address Bellflower, 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, above space should be left blank.