

FILED SEP 3 1942, 49

Registration District No. ....

Primary Registration District No. 1002

Registrar's No. 3130

1. PLACE OF DEATH:

(a) County Jackson  
(b) City or town Kansas City  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
K.C. General Hospital No. 1  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 1 day (Specify whether  
In this community since 1930  
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson  
(c) City or town Kansas City  
(If outside city or town limits, write "RURAL")  
(d) Street No. 4417 Penn St.  
(If rural, give location)  
(e) Citizen of foreign country? No (Yes or No)  
If yes, name country X

3. (a) PRINT FULL NAME Roland Glenn Loveless

3. (b) If veteran, name war No 3. (c) Social Security No. 496-10-6864

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married divorced  
6. (b) Name of husband or wife Berdelia Jane Loveless 6. (c) Age of husband or wife if alive 44 years  
7. Birth date of deceased June 6 1889  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
53 | 2 | 13 | hr. min.

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

10. Usual occupation Meat cutter

11. Industry or business Meat cutter

12. Name Charles P. Loveless

13. Birthplace New York  
(City, town, or county) (State or foreign country)

14. Maiden name Miss Loveless

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

16. (a) Informant Mrs. Berdelia Jane Loveless

(b) Address 4417 Penn St. K.C. Mo

17. (a) Burial (b) Date thereof 8 21 42  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Memorial Park

18. (a) Signature of funeral director Stewart M. ...

(b) Address 3235 Gilliam Place

19. (a) 8-20-42 (b) M. N. ...  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug. day 19th  
year 1942 hour 4:00 A. M. minute ... M.

21. I hereby certify that I attended the deceased from 8-18-42, 19... to 8-19-42, 19...  
that I last saw him alive on 8-19-42, 19...  
and that death occurred on the date and hour stated above.

Immediate cause of death Massive cerebral hemorrhage

Due to (20)  
Due to

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations  
Of autopsy See above

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)

Did injury occur in or about home, on farm, in industrial place, in public place?

While at work (Specify type of place) Means of injury ...

23. Signature Dr. R. Shaw (M. D. or other) ...  
Address Med. Dir. K.C. General Hospital Date signed ...

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

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**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.....

Licensed Embalmer No.....

P. O. Address.....

**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.**