S. No. 2
M—5-42
v. 5-17-39
I X32873

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED DEC 14 1942

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

37428

State File No.

Registration District No. ~~467~~ 175 Primary Registration District No. ~~4280~~ 3036 Registrar's No. 150

1. PLACE OF DEATH:

(a) County Lawrence
(b) City or town Aurora
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
219 West Pleasant St
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution (Specify whether
In this community years, months or days)

2. USUAL RESIDENCE OF DECEASED: 55

(a) State Missouri (b) County Lawrence
(c) City or town Aurora
(If outside city or town limits, write "RURAL")
(d) Street No. 219 West Pleasant St
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country 0

3. (a) PRINT FULL NAME Lilley Olive Lovejoy

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

4. Sex Female
5. Color or race White
6. (a) Single, widowed, married, divorced Widowed
6. (b) Name of husband or wife F.M.Lovejoy
6. (c) Age of husband or wife if alive years
7. Birth date of deceased Dec. (Month) 11 (Day) 1873 (Year)

8. AGE: Years 68 Months 11 Days 2 If less than one day hr. min.

9. Birthplace Lawrence County (City, town, or county) Mo. 0 (State or foreign country)
10. Usual occupation Housewife
11. Industry or business

FATHER
12. Name George Carson
13. Birthplace ? (City, town, or county) Mo. 0 (State or foreign country)

MOTHER
14. Maiden name Martha Rainer
15. Birthplace ? (City, town, or county) Mo. 0 (State or foreign country)

16. (a) Informant Harold Lovejoy
(b) Address Carthage Mo.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 11/16/42 (Month) (Day) (Year)
(c) Place: burial or cremation Aurora Mo.
18. (a) Signature of funeral director J.F. King
(b) Address Aurora Mo.
19. (a) 11-15-1942 (Date received local registrar) (b) Eunice Greene by (Registrar's signature) U. Mg.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov. day 13 year 1942 hour about 1 minute 30 A. M.
21. I hereby certify that I attended the deceased from after, 19 to, 19; that I last saw h alive on after death, 19; and that death occurred on the date and hour stated above.

Immediate cause of death found dead in bed probable Heart attack

Due to

Due to

Other conditions (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? (Specify type of place)
While at work? (e) Means of injury

23. Signature Edwin Wilks (M.D. or other) Coroner
Address Pierce City Mo Date signed 11-13-42

1156 (Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 6,
District File Number 1242-1744
Date Filed DEC 11 1942

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 Herman Sumridge
Licensed Embalmer No. 3072
P. O. Address Aurora 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.

. S. No. 2B
0M—8-21-41
I X29288

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 37428

Registration District No. 175 Primary Registration District No. 3036 Registrar's No. 13-0

1. PLACE OF DEATH:
(a) County: Lawrence
(b) City or town: Aurora
(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 years, months or days)
In this community

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

3. (a) PRINT FULL NAME: Lilley Olive Lonyon
3. (b) If veteran, name war
3. (c) Social Security No. 0
4. Sex: F
5. Color or race: W
6. (a) Single, widowed, married, divorced: W
6. (b) Name of husband or wife
6. (c) Age of husband or wife if alive years
7. Birth date of deceased: Dec 11 (Month) (Day) (Year)
8. AGE: Years 68 Months 11 Days 20 If less than one day hr. min.
9. Birthplace (City, town, or county) Mo (State or foreign country)
10. Usual occupation
11. Industry or business
MOTHER FATHER
12. Name
13. Birthplace (City, town, or county) (State or foreign country)
14. Maiden name
15. Birthplace (City, town, or county) (State or foreign country)
16. (a) Informant
(b) Address
17. (a) (Burial, cremation, or removal) (b) Date thereof (Month) (Day) (Year)
(c) Place: burial or cremation
18. (a) Signature of funeral director
(b) Address
19. (a) (Date received local registrar) (b) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Day Year 1942 Hour minute M.
21. I hereby certify that I attended the deceased from 19 to 19; that I last saw h. alive on 19; and that death occurred on the date and hour stated above.
Immediate cause of death: Endocarditis

	Duration
Due to	
Due to	
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: Edwin Wilkes (M. D. or Coroner)
Address: Pierce City Mo. Date signed 1-2-43

SUPPLEMENTARY