

1. PLACE OF DEATH:

(a) County Barry
(b) City or town Wheaton Mo.
(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 1 1/2 years years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Barry
(c) City or town Wheaton
(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 William Otis Love

3. (b) If veteran, name war None 3. (c) Social Security No. _____

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced 9
6. (b) Name of husband or wife Jannie 6. (c) Age of husband or wife if alive 67 years
7. Birth date of deceased March 22 1874
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
68 68 9 8 hr. _____ min.

9. Birthplace McDonald Co - Mo
(City, town, or county) (State or foreign country)

10. Usual occupation Retired Farmer

11. Industry or business

12. Name John Love
13. Birthplace McDonald Co Tenn
(City, town, or county) (State or foreign country)
14. Maiden name Mary Roseberry
15. Birthplace McDonald Co Missouri
(City, town, or county) (State or foreign country)

16. (a) Informant _____

(b) Address Wheaton Mo

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

(c) Place: burial or cremation Rocky Com Fort

18. (a) Signature of funeral director N. G. Roan

(b) Address Carmelle, Mo

19. (a) Jan 9 - 1943 (Date received local registrar) (b) Grace Williams (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month January day 1 year 1943 hour 10 minute 30 P. M.

21. I hereby certify that I attended the deceased from Dec - 23, 1942, to Jan - 1, 1943
that I last saw him alive on Jan - 1, 1943
and that death occurred on the date and hour stated above.

Immediate cause of death Acute indigestion

Due to Disease of coronary arteries

Due to _____

Other conditions (Includes pregnancy within 3 months of death) _____

Major findings: Of operations 11813

Of autopsy _____

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 O. S. McCall (M. D. or other) _____

Address Wheaton Mo Date signed 1-2-43

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

MOTHER FATHER

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

RECEIVED

District Health Officer No. 6,

District File Number 145-97

Date Filed JAN 20 1943

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.....

J. C. Brown, Registered Apprentice No. 338
working under my personal supervision.

Signed.....

John E. Myers
Licensed Embalmer No. 3270

P. O. Address Carmille, 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.