S. No. 2
M—5-42
5-17-39
X32873

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED APR 12 1943

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 10550

Registration District No. 137

Primary Registration District No. 5586

Registrar's No. 66

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

Baker

1. PLACE OF DEATH:

(a) County: Jasper

(b) City or town: Rural - Marion Twn. (If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: Route #4, Carthage, Mo. (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: Lifetime

2. USUAL RESIDENCE OF DECEASED:

(a) State: Missouri (b) County: Jasper

(c) City or town: Rural - Marion Twn. (If outside city or town limits, write "RURAL")

(d) Street No.: Route #4, Carthage, Mo. (If rural, give location)

(e) Citizen of foreign country? No. (Yes or No)

If yes, name country: ____

3. (a) PRINT FULL NAME: Charles Loveless

3. (b) If veteran, name war: None

3. (c) Social Security No.: None

4. Sex: Male

5. Color or race: White

6. (a) Single, widowed, married, divorced: Married

6. (b) Name of husband or wife: Nealie Ann S. Loveless

6. (c) Age of husband or wife if alive: 75 years

7. Birth date of deceased: December 10, 1868 (Month) (Day) (Year)

8. AGE: Years 74 | Months 3 | Days 3 | If less than one day ____ hr. ____ min.

9. Birthplace: Jasper County, (City, town, or county) Missouri (State or foreign country)

10. Usual occupation: Retd. Farmer

11. Industry or business: ____

FATHER

12. Name: Johnathan Loveless

13. Birthplace: X (City, town, or county) Ind. (State or foreign country)

MOTHER

14. Maiden name: Clerisa Scuggs

15. Birthplace: X (City, town, or county) Mo. (State or foreign country)

16. (a) Informant: Mrs. Charles Loveless

(b) Address: Route #4, Carthage, Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: 3/18/43 (Month) (Day) (Year)

(c) Place: burial or cremation: Park Cemetery

18. (a) Signature of funeral director: Ed. C. Ulmer

(b) Address: 1208 Garrison, Carthage, Mo.

19. (a) Mch 17 '43 (Date received local registrar) (b) Elizabeth Couplin (Registrar's signature)

1203 (Licensed Embalmer's Statement on Reverse Side)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Mar. day 13, year 1943 hour 12:00 minute P. M.

21. I hereby certify that I attended the deceased from March 4, 1943, to March 13, 1943, that I last saw him alive on March 13, 1943, and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Acute Myocarditis	
Due to: Flu	
Due to: 934	
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: W. E. Baker (M. D. or other)

Address: Carthage, Mo. Date signed 9-17-43

43-3-292

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 Ed Lellmer

Licensed Embalmer No. 2222

P. O. Address Carthage

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.