

Registration District No. 157

Primary Registration District No. 3028

1. PLACE OF DEATH:

(a) County Jasper
(b) City or town Carthage
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
1011 S. Fulton Street /
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 20 years (Specify whether years, months or days)

3. (a) PRINT FULL NAME Eva Jane Lovell

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

4. Sex Female 5. Color or race Colored 6. (a) Single, widowed, married, divorced, Married

6. (b) Name of husband or wife Arthur Lovell 6. (c) Age of husband or wife if alive - - years

7. Birth date of deceased February 8 1874
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
69 1 3 hr. min.

9. Birthplace Mt. Vernon Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation At Home

11. Industry or business None

MOTHER FATHER { 12. Name Isaac Lewis
13. Birthplace Unknown Kentucky
(City, town, or county) (State or foreign country)
14. Maiden name Mahervia Smith
15. Birthplace Unknown Kentucky
(City, town, or county) (State or foreign country)

16. (a) Informant Melvina Webb

(b) Address 1011 S. Fulton, Carthage, Mo.

17. (a) Burial (b) Date thereof Mar. 14, 1943
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Cedar Hill Cemetery

18. (a) Signature of funeral director Knell Mortuary

(b) Address Carthage, Missouri

19. (a) Mar. 13, 1943 (b) E. Elizabeth Conklin
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jasper
(c) City or town Carthage
(If outside city or town limits, write "RURAL")
(d) Street No. 1011 S. Fulton Street
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country - - -

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 3 day 11
year 1943 hour 5-23 minute P M.

21. I hereby certify that I attended the deceased from 3-6-43
1943, to 3-11- 1943;
that I last saw h. ea alive on 3-11- 1943
and that death occurred on the date and hour stated above.

Immediate cause of death Pneumonia
bilateral lobes Duration 5 days

Due to _____
Due to _____

Other conditions 108
(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?

While at work? _____ (Specify type of place)
(c) Means of injury 0

23. Signature Russell Smith (M. D. or other) MD
Address Carthage, Mo. Date signed 3-13-43

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

43-3-290

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.....

John D. Patchelder

Licensed Embalmer No. *4153*

P. O. Address *Carthage 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.