No. 2
-9-4-41
17-
X29464

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED MAR 30 1943

MISSOURI STATE BOARD OF HEALTH

# STANDARD CERTIFICATE OF DEATH

State File No. 11205

Registration District No. 297 Primary Registration District No. 6022 Registrar's No. 20

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

1. PLACE OF DEATH:
(a) County Ray
(b) City or town Richmond (Rural)
(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 years, months or days)

2. USUAL RESIDENCE OF DECEASED: 89
(a) State (b) County 0
(c) City or town 0
(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 0

3. (a) PRINT FULL NAME ALLIE LOVELL

3. (b) If veteran, name war World War #1

3. (c) Social Security No. 495-07-5630

4. Sex Male

5. Color or race Bl.

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

6. (b) Name of husband or wife

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

7. Birth date of deceased Nov. (Month) 14 (Day) 1894 (Year)

8. AGE: Years 48 Months 3 Days 19 If less than one day hr. min.

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

10. Usual occupation Miner Common Laborer

11. Industry or business Coal Miner

FATHER
12. Name Rev. Not Available
13. Birthplace (City, town, or county) 9 (State or foreign country)

MOTHER
14. Maiden name
15. Birthplace (City, town, or county) 9 (State or foreign country)

16. (a) Informant Mrs. Gladys Mizner
(b) Address Richmond, Mo. R.F.D.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 3-9-43 (Month) (Day) (Year)
(c) Place: burial or cremation City Cem.

18. (a) Signature of funeral director A W Mansur
(b) Address Richmond Mo.

19. (a) March 26 1943 (Date received local registrar) (b) Mrs Chas W Shepard (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 3rd year 1943 hour about 3 minute 30 A.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 Coronary Thrombosis

Due to

Due to 94 a

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy Enlarged heart
Hardening of blood vessels

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 March 3, 1943
(c) Where did injury occur? Richmond (City or town) Ray (County) Mo (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place?
(Specify type of place)
While at work? no (e) Means of injury Sudden Death

23. Signature Dr J F Baker Dep. Coroner (M. D. or other)
Address Richmond Mo. Date signed 3/4/43

1 x 40

(Licensed Embalmer's Statement on Reverse Side)

FEB 24 1944

RECEIVED
District Health Officer No. 8.
District File Number
Date Filed 3-29-43

APR 12 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 ....., Registered Apprentice No. ..... working under my personal supervision.

Signed A. W. Mason

Licensed Embalmer No. 4157

P. O. Address Richmond Va.

**Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)**

**If this body is not embalmed, fact should be so stated above.**

No. 2B
-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.

Registration District No. 297

Primary Registration District No. 022

Registrar's No. 2

**1. PLACE OF DEATH:**

(a) County Ray

(b) City or town Richmond Rural
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: None
(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:**

(a) State Missouri (b) County Ray

(c) City or town Richmond Rural
(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 Allie Lovell

3. (b) If veteran, name war .....

3. (c) Social Security No. .....

4. Sex M

5. Color or race B

6. (a) Single, widowed, married, divorced S

6. (b) Name of husband or wife .....

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

7. Birth date of deceased Nov. (Month) 14 (Day) 1894 (Year)

8. AGE: Years 48 Months 3 Days 19 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 .....

FATHER
12. Name .....
13. Birthplace ..... (City, town, or county) ..... (State or foreign country)

MOTHER
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) 3/26 1943 (Date received local registrar) (b) Mrs Shas W Shippard (Registrar's signature)

**MEDICAL CERTIFICATION**

20. DATE OF DEATH: Month Mar day 3
year 1943 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.

| | Duration |
|---|---|
| Immediate cause of death | |
| 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)
W[illegible]t work? ..... (e) Means of injury .....

23. Signature ..... (M. D. or other)
Address ..... Date signed .....

SUPPLEMENTARY

S. 11205