

S. No. 2
M-5-42
5-17-43
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

13280

State File No.

FILED MAY 5 1943

Registration District No. 149

Primary Registration District No. 1002

Registrar's No. 1855

1. PLACE OF DEATH: **Jackson**

(a) County Kansas City

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

(c) Name of hospital or institution St Marys Hospital
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 6 Mos
(Specify whether

In this community 10 Years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson

(c) City or town Kansas City
(If outside city or town limits, write "RURAL")

(d) Street No. 3805 Park Ave
(If rural, give location)

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

If yes, name country no

3. (a) PRINT FULL NAME HARRY E. LOVELACE

3. (b) If veteran, name war no

3. (c) Social Security No. 702 14 3378

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 17 th

year 1943 hour I minute 45 A.M.

4. Sex Male

5. Color or race White

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

6. (b) Name of husband or wife Wife

Myrtle E. Lovelace

6. (c) Age of husband or wife if alive 68 years

7. Birth date of deceased May 6 1869
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from Oct-1 1942 to April 17 1943

that I last saw him alive on April 16 1943

and that death occurred on the date and hour stated above.

8. AGE: Years 73 Months 11 Days 11

If less than one day hr. min.

Immediate cause of death Myocardial infarction

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

10. Usual occupation Railroad Conductor

Due to 9:30

Due to

11. Industry or business 52 years

MOTHER FATHER { 12. Name Jefferson Lovelace

{ 13. Birthplace Wisconsin
(City, town or county) (State or foreign country)

{ 14. Maiden name Raymond

{ 15. Birthplace Ohio
(City, town, or county) (State or foreign country)

Other conditions None
(Include pregnancy within 3 months of death)

16. (a) Informant Myrtle E. Lovelace

(b) Address 3805 Park Ave

17. (a) Burial (b) Date thereof 4 19 43
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Forest Hill Cem

Major findings: Of operations

Of autopsy

PHYSICIAN

Underline the cause to which death should be charged statistically.

18. (a) Signature of funeral director Eylar Fun Home
1800 Linwood

(b) Address

19. (a) 4-19-43 (b) M. M. Brown
(Date received local registrar) (Registrar's signature)

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 E. Castle (Specify type of place) (e) Means of injury

23. Signature E. Castle (M. D. number)

Address 1002 Apple Bay Date signed 4-17-43

R.B. Uno

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

Angela B...
...

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... *Chas Welke*

Licensed Embalmer No. *2644*

P. O. Address... *1800 Linwood*

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.