V. S. No. 2
00M—2-43
5-17-39
I X35697

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED JUN 7 1943

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

17030

State File No.

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 2264

1. PLACE OF DEATH:

(a) County Jackson

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

(c) Name of hospital or institution: 2018 Indiana / (If not in hospital or institution, write street number or location)

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

In this community 30 years (years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson 48 3

(c) City or town Kan City (If outside city or town limits, write "RURAL") 8

(d) Street No. 2018 Indiana (If rural, give location) 0

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

If yes, name country

3. (a) PRINT FULL NAME Lillian J. Lovell

3. (b) If veteran, name war no

3. (c) Social Security No. none

4. Sex fe /

5. Color or race W

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

6. (b) Name of husband or wife Claude

6. (c) Age of husband or wife if alive 65 years

7. Birth date of deceased Sept 3, 1884 (Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	58	8	6	hr. min.

9. Birthplace Cuba Kan (City, town, or county) / (State or foreign country)

10. Usual occupation Housewife

11. Industry or business same

FATHER
12. Name Andrew F. Henderson
13. Birthplace Missouri (City, town, or county) / (State or foreign country)

MOTHER
14. Maiden name Ida Fox
15. Birthplace Wis (City, town, or county) / (State or foreign country)

16. (a) Informant Claude Lovell

(b) Address 2018 Indiana

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 5/16/43 (Month) (Day) (Year)

(c) Place: burial or cremation Savannah Mo

18. (a) Signature of funeral director Snow-Mayberry

(b) Address Lin + Olive

19. (a) 5/16/43 (Date received local registrar) (b) M M Crowe (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 9th year 1943 hour minute M.

21. I hereby certify that I attended the deceased from 19 to 19; that I last saw h Deputy Coroner 19; and that death occurred on the date and hour stated above.

Immediate cause of death Arteriosclerotic Heart

Due to Disease

Due to Acute Pulmonary Edema

Other conditions (Include pregnancy within 3 months of death) 93D

Major findings: Of operations

Of autopsy See Above

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

(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 A. E. Assher (M. D. or other) M.D.

Address 23rd McCoy Date signed 5/19/43

(Licensed Embalmer's Statement on Reverse Side)

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 Roy E Snow

Licensed Embalmer No. 2560

P. O. Address Lin + Olive Kc

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.