. S. No. 2
M—9-4-41
5-17-39
I X2948

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

17233

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JUN 14 1943

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No.

Registration District No. 1 Primary Registration District No. 5008 Registrar's No. 136

1. PLACE OF DEATH:

(a) County Adair

(b) City or town Rural Walnut Township
(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:

(a) State MIssouri (b) County Adair 1

(c) City or town Kirksville Mo, 3
(If outside city or town limits, write "RURAL")

(d) Street No. 3
(If rural, give location)

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

If yes, name country Scotland /

3. (a) PRINT FULL NAME John A. Love Sr.

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex Male O

5. Color or race White

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

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

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

7. Birth date of deceased Feb (Month) 27 (Day) 1864 (Year)

8. AGE: Years 79 Months 2 Days 21 If less than one day hr. min.

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

10. Usual occupation Farming

11. Industry or business

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

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

16. (a) Informant John Love Jr
(b) Address Greencastle Mo,

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof May (Month) 20 (Day) 1943 (Year)
(c) Place: burial or cremation Price

18. (a) Signature of funeral director M H McCollum
(b) Address South Gifford Mo

19. (a) 5/22/43 (Date received local registrar) (b) Mrs. L. Wagner (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 18 year 1943 hour 7 minute 20 A.M.

21. I hereby certify that I attended the deceased from April 20, 1943, to May 14, 1943 that I last saw him alive on May 4, 1943 and that death occurred on the date and hour stated above.

Immediate cause of death Mitral insufficiency

Due to

Due to

Other conditions Preceded by (Include pregnancy within 3 months of death) light stroke

Major findings:
Of operations

Of autopsy no

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following: no

(a) Accident, suicide, or homicide (specify) cles

(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 L. J. Connell O (M. D. or other)

Address Kirksville Mo. Date signed 5/18/43

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 10
District File Number 6-43-1091
Date Filed JUN 11 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 W. H. McCollum

Licensed Embalmer No. 2052

P. O. Address South Gifford 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.