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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. 17876

FILED JUN 3 1943

Registration District No. 128 Primary Registration District No. 2000 Registrar's No. 373

**1. PLACE OF DEATH:**

(a) County Green

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

(c) Name of hospital or institution: St Johns Hosp. O (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 17 days (Specify whether years, months or days)

In this community ~~life~~

**2. USUAL RESIDENCE OF DECEASED:**

(a) State Missouri (b) County Christian 220

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

(d) Street No. RR #2 (If rural, give location)

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

If yes, name country —

**3. (a) PRINT FULL NAME** Gillie Rosetta Lovett

3. (b) If veteran, name war None

3. (c) Social Security No. None

4. Sex Female

5. Color or race white

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

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

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

7. Birth date of deceased January (Month) 25 (Day) 1878 (Year)

8. AGE: Years .65 Months 3 Days 12 If less than one day ___ hr. ___ min.

9. Birthplace Greene Co. (City, town, or county) Mo O (State or foreign country)

10. Usual occupation House work

11. Industry or business

FATHER
12. Name John Blades
13. Birthplace Greene Co. (City, town, or county) Mo. O (State or foreign country)

MOTHER
14. Maiden name Polly French
15. Birthplace Unknown (City, town, or county) Mo. O (State or foreign country)

16. (a) Informant Olen Lovett

(b) Address Billings RR-2

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 5-9-43 (Month) (Day) (Year)

(c) Place: burial or cremation Garroutte Cem

18. (a) Signature of funeral director Wallace Funeral Home

(b) Address Billings Mo.

19. (a) 5-11-43 (Date received local registrar) (b) Dr W E Huedley (Registrar's signature)

**MEDICAL CERTIFICATION**

20. DATE OF DEATH: Month May day 7 year 1943 hour 5 minute 0 P.M.

21. I hereby certify that I attended the deceased from Apr 20, 1943 to May 7, 1943 that I last saw her alive on May 7, 1943 and that death occurred on the date and hour stated above.

| Immediate cause of death | Duration |
|---|---|
| Chronic Myocarditis | |
| Due to | |
| Due to | |
| Other conditions (Include pregnancy within 3 months of death) | |

93d

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)

While at work? (e) Means of injury

23. Signature A D Vaine (M. D. or other) MD

Address Springfield Mo Date signed May 11, 1943

(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 me

, Registered Apprentice No.

working under my personal supervision. For Wallace Funeral Ha

Signed C T Lloyd

Licensed Embalmer No. 3527

P. O. Address Billings M

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

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