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S. No. 2
DM-5-42
5-17-39
PI X32873

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No.

Registration District No. 139

Primary Registration District No. 4225

Registrar's No. 37

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

1. PLACE OF DEATH:

(a) County Holt

(b) City or town Oregon
(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 years, months or days) 9 Years

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Holt

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

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

(e) Citizen of foreign country? No (Yes or No)
If yes, name country..... 0

3. (a) PRINT FULL NAME John Andrew Lovelady

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

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 4
year 1943 hour 4 minute A. M.

21. I hereby certify that I attended the deceased from on
MAY 3, 1943, to....., 19.....
that I last saw him alive on MAY 3, 1943;
and that death occurred on the date and hour stated above.

4. Sex Male 5. Color or race White

6. (a) Single, widowed, married, Divorced Widowed

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

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

7. Birth date of deceased July 12 1866
(Month) (Day) (Year)

Immediate cause of death.....
CANCER OF BUCCAL CAVITY
+ PHARYNX - MAXILLA.

Due to.....

Due to.....

Other conditions HYPOSTATIC PNEUMONIA. 3 DAYS.

8. AGE: Years Months Days If less than one day

<u>76</u>	<u>9</u>	<u>22</u>hr.min.
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9. Birthplace Unknown 9
(City, town, or county) (State or foreign country)

10. Usual occupation Retired Farmer

11. Industry or business.....

MOTHER FATHER

12. Name William Lovelady

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

14. Maiden name Sarah Thacker

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

Major findings:
Of operations..... 45e

Of autopsy.....

PHYSICIAN
Underline the cause to which death should be charged statistically.

16. (a) Informant Mrs. Lester McNamee

(b) Address Oregon, Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof May 6, 1943
(Month) (Day) (Year)

(c) Place: burial or cremation Oregon, Mo.

18. (a) Signature of funeral director James H. Pettigrew

(b) Address Oregon, Mo.

19. (a) 6-6-43 (b) Pauline Dawson
(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?..... (Specify type of place) (e) Means of injury.....

23. Signature Howard E Colbin (M. D. or other) D.O.
Address Forest City, Mo. Date signed May 5, 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.....

James H. Pittigoh
Licensed Embalmer No. *3182*
P. O. Address..... *Oregon 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.