

D MAY 20 1943
Registration District No. 209

Primary Registration District No. 3043

Registrar's No. 98

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

Morton

1. PLACE OF DEATH:

(a) County Marion

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

(c) Name of hospital or institution: Levering Hospital
(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) (Specify whether _____)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Marion

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

(d) Street No. 511 North Fifth
(If rural, give location)

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

3. (a) PRINT FULL NAME Ethel Love Ethel V. Love

3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife David L. Love 6. (c) Age of husband or wife if alive 61 years

7. Birth date of deceased May 22, 1890
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>52</u>	<u>10</u>	<u>9</u>	_____ hr. _____ min.

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

10. Usual occupation Housewife

11. Industry or business _____

12. Name Edward Willey

13. Birthplace Hannibal Missouri
(City, town, or county) (State or foreign country)

14. Maiden name Sarah Marshall

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

16. (a) Informant D.L. Love

(b) Address 511 North Fifth Street

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof April 4, 1943
(Month) (Day) (Year)

(c) Place: burial or cremation Mount Olivet Cemetery

18. (a) Signature of funeral director [Signature]

(b) Address 902 Broadway Hannibal Missouri

19. (a) 4-2-43 (Date received local registrar) (b) R. W. Connor (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 31 year 1943 hour 3 minute 10 P.M.

21. I hereby certify that I attended the deceased from March 28 1943 to March 31 1943 that I last saw him alive on March 31 1943 and that death occurred on the date and hour stated above.

Immediate cause of death Coronary Thrombosis

Due to Hypertension

Due to _____

Other conditions (Include pregnancy within 3 months of death) gfa

Major findings: Of operations _____

Of autopsy _____

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 [Signature] (M. D. or other) _____

Address [Address] Date signed 4/1/43

64
3
7
0

Duration
1 wk
4 years
PHYSICIAN
Underline the cause to which death should be charged statistically.

1146

STATEMENT BY LICENSED EMBALMER

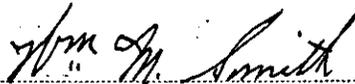
I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

George T. Bond

, Registered Apprentice No. 350

working under my personal supervision.

Signed.....



..... Licensed Embalmer No.....

P. O. Address.....

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.