S. No. 2
M—9-4-41
5-17-39
I X29484

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

21960

State File No.

FILED JUN 22 1943

Registration District No. [illegible]

Primary Registration District No. 3043

Registrar's No. 133

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: St. Elizabeth Hosp.
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution ..... (Specify whether
In this community ~~EDGAR LOVE~~
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State MISSOURI (b) County CALLAWAY 14

(c) City or town WILLIAMSBURG 0
(If outside city or town limits, write "RURAL")

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

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

3. (a) PRINT FULL NAME EDGAR LOVE

3. (b) If veteran, name war NO

3. (c) Social Security No. NO

4. Sex MALE

5. Color or race White

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

6. (b) Name of husband or wife ANNA D. LOVE

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

7. Birth date of deceased OCT. (Month) 16. (Day) 1875 (Year)

8. AGE: Years 67 Months 6 Days 8 If less than one day ..... hr. ..... min.

9. Birthplace CALLAWAY CO (City, town, or county) MO 0 (State or foreign country)

10. Usual occupation FARMER

11. Industry or business .....

FATHER
12. Name CHARLES W. LOVE
13. Birthplace CALLAWAY CO (City, town, or county) MO 0 (State or foreign country)

MOTHER
14. Maiden name CINIA LOVE
15. Birthplace CALLAWAY CO. (City, town, or county) MO 0 (State or foreign country)

16. (a) Informant MRS MARVIN KEMP
(b) Address FULTON, MO

17. (a) BURIAL (Burial, cremation, or removal) (b) Date thereof APR. 26 1943 (Month) (Day) (Year)
(c) Place: burial or cremation WILLIAMSBURG, MO

18. (a) Signature of funeral director James O'Connell
(b) Address Hannibal Mo

19. (a) 5-10-43 (Date received local registrar) (b) R St Connor (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 24 year 1943 hour 9 minute 50 A.M.

21. I hereby certify that I attended the deceased from April 12, 1943, to April 24, 1943 that I last saw him alive on Apr. 24, 1943 and that death occurred on the date and hour stated above.

Immediate cause of death Uremia

Due to Chr nephritis

Due to hypertrophied prostate

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

Major findings: Of operations hypertrophied prostate

Of autopsy .....

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 [illegible] (M. D. or other) .....

Address [illegible] Date signed .....

1146

(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 Michael J. Alonzo

Licensed Embalmer No. 3246

P. O. Address Hannibal 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.