

FILED DEC 15 1949

State File No. \_\_\_\_\_

Registration District No. \_\_\_\_\_

Primary Registration District No. 3002

Registrar's No. 149

1. PLACE OF DEATH:

(a) County Audrain

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

(c) Name of hospital or institution:  
708 W. Liberty  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 1  
(Specify whether Life)

In this community Life  
(years, months or days)

3. (a) PRINT FULL NAME William Raymond Love II

3. (b) If veteran, name war No

3. (c) Social Security No. No

4. Sex M 5. Color or race W

6. (a) Single, widowed, married, divorced S O

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

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

7. Birth date of deceased Mar. 1, 1942  
(Month) (Day) (Year)

8. AGE: Years 1 Months 8 Days 7  
If less than one day hr. \_\_\_\_\_ min.

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

10. Usual occupation Baby

11. Industry or business \_\_\_\_\_

MOTHER FATHER { 12. Name Wm. R. Love

{ 13. Birthplace Calloway County, Mo.  
(City, town, or county) (State or foreign country)

{ 14. Maiden name Margaret Louise Henaga

{ 15. Birthplace Fulton, Mo.  
(City, town, or county) (State or foreign country)

16. (a) Informant Wm. R. Love

(b) Address Mexico, Missouri

17. (a) Burial (b) Date thereof 11/10/43  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Perarie Chapel

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

(b) Address Mexico, Mo.

19. (a) 11/9/43 (b) Margaret K Markie  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Audrain 4

(c) City or town Mexico  
(If outside city or town limits, write "RURAL") 1

(d) Street No. 708 W. Liberty  
(If rural, give location) 2

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

If yes, name country 0

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov day 8  
year 1943 hour 7 minute 0 P. M.

21. I hereby certify that I attended the deceased from Nov 8, 1943, to Nov 8, 1943,  
that I last saw him alive on Nov. 8, 1943,  
and that death occurred on the date and hour stated above.

Immediate cause of death Hydrocephalus

Due to Spine bifida

Due to \_\_\_\_\_

Other conditions (Include pregnancy within 3 months of death) 1578

Major findings: Of operations \_\_\_\_\_

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? \_\_\_\_\_

While at work? \_\_\_\_\_ (Specify type of place) \_\_\_\_\_ (P) Means of injury \_\_\_\_\_

23. Signature [Signature] (M. D. or other) MD

Address Mexico, Mo. Date signed 11/9/43

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

RECEIVED

District Health Officer No. 10

District File Number 12-42-1943

Date Filed DEC 13 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 [Signature]

Licensed Embalmer No. 3569

P. O. Address Mexico, 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.