

FILED APR 7 1944
Registration No. _____

Primary Registration District No. 5365

1. PLACE OF DEATH:

(a) County DAVLESS
(b) City or town Rural - Lincoln Twp
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: R. 70 # 7 Denton, Mo.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 9 years (Specify whether years, months or days)
In this community _____ years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Davies
(c) City or town Rural Lincoln
(If outside city or town limits, write "RURAL")
(d) Street No. R 70 # 7 Denton, Mo.
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 28
year 1944 hour 2:20 minute P M.

21. I hereby certify that I attended the deceased from Dec 3 1943 to March 28 1944.
that I last saw him alive on March 28 1944
and that death occurred on the date and hour stated above.

Immediate cause of death Apoplexy Duration 2 hrs

Due to Essential Hypertension
Due to _____

Other conditions (Include pregnancy within 3 months of death) Ja!

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? _____ (Specify type of place) (e) Means of injury _____
23. Signature BH Oullers, M.D. (M. D. or other)
Address Denton, Mo. Date signed 4-7-44

3. (a) PRINT FULL NAME ALBERT W. LOVELL

3. (b) If veteran, name war _____ 3. (c) Social Security No. none

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

6. (b) Name of husband or wife Rosa Mae Lovell 6. (c) Age of husband or wife if alive 51 years

7. Birth date of deceased June 20, 1890
(Month) (Day) (Year)

8. AGE: Years 53 Months 9 Days 8 If less than one day _____ hr. _____ min.

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

10. Usual occupation Farmer

11. Industry or business Farm

12. Name Alma Lovell
13. Birthplace Warren, Ill.
(City, town, or county) (State or foreign country)

14. Maiden name Ruth Williams
15. Birthplace Madison County, Mo.
(City, town, or county) (State or foreign country)

16. (a) Informant Mar. Lovell
(b) Address Denton, Mo.

17. (a) burial (b) Date thereof 3-30-44
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Mitchell County, Missouri
18. (a) Signature of funeral director James Adams
(b) Address Denton, Mo.

19. (a) 4-5-1944 (b) L. O. Fickel
(Date received local registrar) (Registrar's signature)

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

MOTHER FATHER

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.....

Myself....., Registered Apprentice No.....
working under my personal supervision.

Signed *Rajme A Davis*.....
Licensed Embalmer No. *3424*.....
P. O. Address *Drenton, MD*.....

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.