. No. 2
M—2-43
5-17-39
I X35697

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED MAY 13 1944

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 14596

Registration District No. 946

Primary Registration District No. 3020

Registrar's No. 45

1. PLACE OF DEATH:

(a) County Franklin.

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

(c) Name of hospital or institution: 1030 W. 5th St. 1
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution None. (Specify whether
In this community 2½ mos.
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Franklin 26

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

(d) Street No. 1030 W. 5th St. 6
(If rural, give location)

(e) Citizen of foreign country? No. 2 (Yes or No)

If yes, name country x 0

3. (a) PRINT FULL NAME Dave Love.

3. (b) If veteran, name war x

3. (c) Social Security No. 499-12-0814

4. Sex Male 0

5. Color or race White

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

6. (b) Name of ~~husband or~~ wife Stella Love.

6. (c) Age of ~~husband or~~ wife if alive 39 years

7. Birth date of deceased July (Month) 17th, (Day) 1901. (Year)

8. AGE:

Years	Months	Days	If less than one day
42	9	9	hr. min.

9. Birthplace Highgate, (City, town, or county) Missouri. 0 (State or foreign country)

10. Usual occupation Farmer.

11. Industry or business x

FATHER
12. Name Benjamin Love.
13. Birthplace Highgate. (City, town, or county) Missouri. (State or foreign country)

MOTHER
14. Maiden name Elizabeth Reed,
15. Birthplace Highgate. (City, town, or county) Missouri. (State or foreign country)

16. (a) Informant Mrs. Stella Love

(b) Address 1030 W. 5th St. Washington, Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Apr. 28, 1944 (Month) (Day) (Year)

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

18. (a) Signature of funeral director Nieburg & Vitt, Inc

(b) Address Washington, Mo.

19. (a) 4/27/44 (Date received local registrar) (b) Lucille Ruether Brooks (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 26th.
year 1944 hour 11:00 minute 20 P.M.

21. I hereby certify that I attended the deceased from Nov 1943, 19..., to April 26, 1944
that I last saw him alive on April 26, 1944
and that death occurred on the date and hour stated above.

Immediate cause of death Carcinoma of the large bowel

Due to

Due to

Other conditions 46e
(Include pregnancy within 3 months of death)

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?
(Specify type of place)

While at work? (e) Means of injury

23. Signature J. C. Poor, Mo. (M. D. or other)

Address Washington, Mo. Date signed 4/27/44

1181

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 9,
District File Number .....
Date Filed 5-12-44

MAY 17 1944

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~~ .....
Lester H. Vitt, ~~Registered Apprentice No.~~ .....,
working under my personal supervision.

Signed Lester H. Vitt

Licensed Embalmer No. 3254

P. O. Address Washington, 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.