

FILED MAY 11 1944
Registration District No. 278

Primary Registration District No. 3054

State File No. _____
Registrar's No. _____

1. PLACE OF DEATH:
(a) County Pike
(b) City or town Louisiana
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
North 6 1
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether
In this community Life time (Specify whether
years, months or days)

3. (a) PRINT FULL NAME Halcy Love
3. (b) If veteran, name war No 3. (c) Social Security No. L

4. Sex Male 5. Color or race White
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Anna Love 6. (c) Age of husband or wife if
alive _____ years
7. Birth date of deceased Aug 19 1877
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
66 6 13 hr. _____ min.

9. Birthplace Pike County Mo. O
(City, town, or county) (State or foreign country)

10. Usual occupation Machinist

11. Industry or business Retired

MOTHER FATHER
12. Name Jamie Love
13. Birthplace Pike County Mo. O
(City, town, or county) (State or foreign country)
14. Maiden name Katherine Amanda E. O
15. Birthplace Pike Co. Mo. O
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Halcy Love

(b) Address Louisiana Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof April 4, 1944
(Month) (Day) (Year)

(c) Place: burial or cremation Louisiana Mo.

18. (a) Signature of funeral director Garrett Allen

(b) Address Louisiana Mo.

19. (a) 4-14-44 (Date received local registrar) (b) J. H. ... (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Pike 82
(c) City or town Louisiana 2
(If outside city or town limits, write "RURAL")
(d) Street No. _____ (If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 2
year 1944 hour 10:30 minute _____ A. M.

21. I hereby certify that I attended the deceased from _____
_____, 19____, to _____, 19____;

that I last saw him _____ alive on _____, 19____,
and that death occurred on the date and hour stated above.

Immediate cause of death Suicide Duration _____
Gun shot wound in head

Due to _____

Due to _____

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

Major findings: 1640
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) Suicide

(b) Date of occurrence April 2, 1944

(c) Where did injury occur? Louisiana Pike Mo
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place?
Home

While at work? No (Specify type of place) (e) Means of injury Gun shot wound

23. Signature Mr. Smith (M. D. or other) _____

Address Louisiana, Mo. Date signed 4/12/44

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

RECEIVED
District Health Officer No. 10
District File Number 5-44-943
Date Filed MAY 10 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, only
....., Registered Apprentice No.
working under my personal supervision.

Signed J. B. Sturme
Licensed Embalmer No. 4039
P. O. Address Louisiana 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.