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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 27390

FILED SEP 12 1944

Registration District No. 1

Primary Registration District No. 3008

Registrar's No. 268

1. PLACE OF DEATH:

(a) County CALLAWAY

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

(c) Name of hospital or institution: CALLAWAY HOSPITAL
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 15 MIN. (Specify whether
In this community LIFE
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State MISSOURI (b) County CALLAWAY 14

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

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

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

If yes, name country 0

3. (a) PRINT FULL NAME Robert Dury Love

3. (b) If veteran, name war NO

3. (c) Social Security No.

4. Sex MALE

5. Color or race White

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

6. (b) Name of husband or wife

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

7. Birth date of deceased NOV. (Month) 27 (Day) 1888 (Year)

8. AGE: Years 55 Months 8 Days 19 If less than one day hr. min.

9. Birthplace MOKANE (City, town, or county) MO (State or foreign country)

10. Usual occupation LABORER

11. Industry or business

FATHER
12. Name Robt. Love
13. Birthplace (City, town, or county) KY. (State or foreign country)

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

16. (a) Informant MRS JAMES DRUMMOND
(b) Address GLASGOW MO

17. (a) BURIAL (Burial, cremation, or removal) (b) Date thereof AUG. 18, 1944 (Month) (Day) (Year)
(c) Place: burial or cremation MOKANE

18. (a) Signature of funeral director Glen Y. Maupin
(b) Address 712 Court St. Fulton, Mo.

19. (a) Aug 18 1944 (Date received local registrar) (b) Josie Morsinkhoff (Registrar's signature)

1167

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug. day 16th year 1944 hour 12:45 minute P. M.

21. I hereby certify that I attended the deceased from Aug. 13, 1944 to Aug. 16, 1944 that I last saw him alive on Aug. 16, 1944 and that death occurred on the date and hour stated above.

Immediate cause of death Cort-stenosis and suffocation

Due to Streptococcic infection from teeth & badly infected

Due to Mouth and throat

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

115 f

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 W. H. Williamson (M. D. or other) M.D.

Address Mokane, Mo. Date signed 8/17/44

(Licensed Embalmer's Statement on Reverse Side)

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

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 Glen J. Maupin

Licensed Embalmer No. 2725

P. O. Address Fulton 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.