

FILED SEP 22 1944

Registration District No. 72

Primary Registration District No. 1000

Registrar's No. 917

1. PLACE OF DEATH:

(a) County Rushmore
(b) City or town St. Joseph
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: State Hospital No 0 2
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 1 Mo 19 days
(Specify whether years, months or days)

3. (a) PRINT FULL NAME Louis Loveycamp

3. (b) If veteran, name war No. 3. (c) Social Security No.

4. Sex M 5. Color or race W 6. (a) Single, widowed, married, divorced, Wid

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

7. Birth date of deceased (Month) (Day) (Year) 1875

8. AGE: Years Months Days If less than one day
69 ? ? hr. min.

9. Birthplace (City, town, or county) (State or foreign country)
not given W

10. Usual occupation Farmer

11. Industry or business

12. Name not given

13. Birthplace (City, town, or county) (State or foreign country)
not given W

14. Maiden name not given

15. Birthplace (City, town, or county) (State or foreign country)
not given W

16. (a) Informant St. Joseph Hospital

(b) Address St. Joseph Mo.

17. (a) Removal (b) Date thereof Sept. 11, 44
(Burial, cremation, or removal) (Month) (Day) (Year)

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

18. (a) Signature of funeral director Herman W. Sidenfaden

(b) Address 1802 Union St. St. Joseph, Mo.

19. (a) 9/11/44 (b) Aileen J. Tickle
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Lafayette
(c) City or town Alma
(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 N

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept day 11
year 1944 hour 1-30 minute P M.

21. I hereby certify that I attended the deceased from 9-11
1944, to 9-11 1944
that I last saw him alive on 9/11 1944
and that death occurred on the date and hour stated above.

Immediate cause of death Coronary Thrombosis

Due to Arteriosclerosis

Due to gfa

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations

Of autopsy

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) (e) Means of injury ☒

23. Signature EE Salyer (M. D. or other).....
Address St. Joseph, Mo. Date signed.....

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

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.....

....., Registered Apprentice No.....

working under my personal supervision.

Signed.....

Licensed Embalmer No. 3745

P. O. Address St Joseph 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.