

FILED OCT 24 1944  
 Registration District No. **149**

Primary Registration District No. **1002**

Registrar's No. **4127**

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

1. PLACE OF DEATH:  
 (a) County **Jackson**  
 (b) City or town **Kansas City**  
(If outside city or town limits, write "RURAL" and name of township)  
 (c) Name of hospital or institution: **Gen. Hosp. #2**  
(If not in hospital or institution, write street number or location)  
 (d) Length of stay: In hospital or institution **10-2-44-10-3-44**  
(Specify whether years, months or days)  
 In this community **Unknown 24 yrs.**

2. USUAL RESIDENCE OF DECEASED:  
 (a) State **Missouri** (b) County **Jackson**  
 (c) City or town **Kansas City**  
(If outside city or town limits, write "RURAL")  
 (d) Street No. **1827 Forest**  
(If rural, give location)  
 (e) Citizen of foreign country? **No** (Yes or No)  
 If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME **SAMUEL LOVETT**  
 3. (b) If veteran, name war **nu**  
 3. (c) Social Security No. **496-10-2028**

MEDICAL CERTIFICATION  
 20. DATE OF DEATH: Month **Oct.** day **3** year **1944** hour **1:05** minute **P.** M.  
 21. I hereby certify that I attended the deceased from **Oct. 2**, 19**44**, to **Oct. 3**, 19**44**  
 that I last saw him alive on **Oct. 3**, 19**44**  
 and that death occurred on the date and hour stated above.

4. Sex **Male** 5. Color or race **Negro**  
 6. (a) Single, widowed, married, divorced **Wid**  
 6. (b) Name of husband or wife \_\_\_\_\_ 6. (c) Age of husband or wife if alive \_\_\_\_\_ years  
 7. Birth date of deceased: (Month) **6** (Day) **25** (Year) **1894**

Immediate cause of death **Non-specific Meningitis**  
 Duration \_\_\_\_\_  
 Due to \_\_\_\_\_  
 Due to \_\_\_\_\_  
 Other conditions \_\_\_\_\_  
(Include pregnancy within 3 months of death)

8. AGE: Years **50** Months **3** Days **18** If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.  
 9. Birthplace **OKmulgee** **OKla.**  
(City, town, or county) (State or foreign country)  
 10. Usual occupation **Labourer**

PHYSICIAN \_\_\_\_\_  
 Major findings: Of operations \_\_\_\_\_  
 Of autopsy **Same as above**  
 Underline the cause to which death should be charged statistically.

MOTHER FATHER { 11. Industry or business \_\_\_\_\_  
 { 12. Name **Joe Lovett**  
 { 13. Birthplace **OKla.**  
(City, town, or county) (State or foreign country)  
 { 14. Maiden name **Lucinda Grayson**  
 { 15. Birthplace **OKla.**  
(City, town, or county) (State or foreign country)

16. (a) Informant **Record Clerk**  
 (b) Address **Gen. Hosp. #2**  
 17. (a) **Burial** (b) Date thereof **10-13-1944**  
(Burial, cremation, or removal) (Month) (Day) (Year)  
 (c) Place: burial or cremation **linealing Cem.**  
 18. (a) Signature of funeral director **Adkins Bros.**  
 (b) Address **2000 E. 12th K. C. Mo.**  
 19. (a) **10-13-44** (b) **N. E. Brown**  
(Date received local registrar) (Registrar's signature)

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 **[Signature]** (M. D. or other) \_\_\_\_\_  
 Address **Gen. Hosp. #2** **600 E. 22nd** date signed **10-10-44**

**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 A. T. Moore

Licensed Embalmer No. 948

P. O. Address.....

**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.