

FILED NOV 14 1944

Registration District No. **278**

Primary Registration District No. **3054**

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: Pike County Hospital
(If not in hospital or institution, write street number & location)
 (d) Length of stay: In hospital or institution 3 days
(Specify whether years, months or days)
 In this community all her life

2. USUAL RESIDENCE OF DECEASED:
 (a) State Mo (b) County Pike
 (c) City or town Louisiana
(If outside city or town limits, write "RURAL")
 (d) Street No. South 3d
(If rural, give location)
 (e) Citizen of foreign country? No (Yes or No)
 If yes, name country _____

3. (a) PRINT FULL NAME Miss Susie Love

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

4. Sex Female 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 June 1 - 1866
(Month) (Day) (Year)

8. AGE: Years 78 Months 4 Days 28
If less than one day hr. min.

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

10. Usual occupation Home maker

11. Industry or business Home

12. Name James Love

13. Birthplace _____
(City, town, or county) (State or foreign country)

14. Maiden name Forendy McMillen

15. Birthplace _____
(City, town, or county) (State or foreign country)

16. (a) Informant Miss Lyda Fischer (Niece)

(b) Address Louisiana Mo

17. (a) Burial (b) Date thereof 10/31-44
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Fairview Cemetery

18. (a) Signature of funeral director W. H. Hays

(b) Address Louisiana Mo

19. (a) 10/30-44 (b) W. H. Hays
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct day 29 year 1944 hour _____ minute _____ M.

21. I hereby certify that I attended the deceased from about Oct. 22, 1944, to Oct. 29, 1944, that I last saw her alive on Oct. 28, 1944, and that death occurred on the date and hour stated above.

Immediate cause of death Carcinoma of Uterus

Due to _____
 Due to _____

Other conditions HO
(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) _____
 Means of injury _____

23. Signature Charles P. Revell (M. D. or other) _____

Address Louisiana Mo Date signed 10/30/44

Duration

about 9 yrs

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

AM 69

RECEIVED

District Health Officer No. 102

District File Number 11-44-1905

Date Filed NOV 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, or by.....

George O. Wagner

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

working under my personal supervision

Signed *George O. Wagner*.....

Licensed Embalmer No. 3773.....

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.