

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

1. PLACE OF DEATH:

(a) County. Benton
 (b) City or town. Alexander Township
(If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution:
(If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution _____
(Specify whether
 In this community. lifetime
years, months or days)

8. (a) PRINT FULL NAME Luther H. Love

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

4. Sex Male 5. Color of race White 6. (a) Single, widowed, married, divorced Married

5. (b) Name of husband or wife Melburn Love 6. (c) Age of husband or wife if alive 59 years

7. Birth date of deceased Feb 20, 1880
(Month) (Day) (Year)

8. AGE: Years 64 Months 11 Days 12 If less than one day _____ hr. _____ min.

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

10. Usual occupation Retired Farmer

11. Industry or business Farmer

12. Name W. D. Love

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

14. Maiden name Martha Wadsworth

15. Birthplace Benton Co MO
(City, town, or county) (State or foreign country)

16. (a) Informant Melburn Love

(b) Address Warren 700 RR.

17. (a) Burial (b) Date thereof 2-4-45
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Noble Creek

18. (a) Signature of funeral director White-River

(b) Address Warren mo

19. (a) 2/4/45 (b) Joe A. Logan
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State MO (b) County Benton
 (c) City or town Alexander
(If outside city or town limits, write "RURAL")
 (d) Street No. Alexander Township
(If rural, give location)
 (e) If foreign born, how long in U. S. A.? NO years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb., 2 day 2
 year 1945 hour _____ 6 minute 15 PM.

21. I hereby certify that I attended the deceased from Jan., 3, 1945 to Feb., 2, 1945, 19____;
 that I last saw him alive on Feb., 1, 1945, 19____;
 and that death occurred on the date and hour stated above.

Immediate cause of death Carcinoma of colon yr. _____

Due to _____

Due to _____

Other conditions 462
(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?
(Specify type of place)

While at work? _____ (e) Means of injury _____

23. Signature Unavailable (M. D. or other) DD

Address Warren, mo Date signed 2/3/45

Duration _____ yr. _____
 PHYSICIAN _____
 Underline the cause to which death should be charged statistically.

RECEIVED

District Health Officer No. 7,

District File Number 2-45-187

Date Filed 3-12-45

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

Paul Richard Brown

Licensed Embalmer No. 4324

P. O. Address Warsaw Ind.

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, above space should be left blank.