

Registration District No. 200

Primary Registration District No. 3041

Registrar's No. 22

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

1. PLACE OF DEATH:

(a) County Macon
 (b) City or town macon
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution: Samaritan Hospital
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution _____
 (Specify whether _____)

In this community _____
 years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Macon
 (c) City or town macon
 (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 _____

3. (a) PRINT FULL NAME James L. Love
 3. (b) If veteran, name war _____
 3. (c) Social Security No. _____

MEDICAL CERTIFICATION

20. **DATE OF DEATH:** Month Feb day 12 year 1945 hour 8:30 minute 0 M.
 21. I hereby certify that I attended the deceased from Feb 7 1945 to Feb 12 1945
 that I last saw him alive on Feb 11 1945
 and that death occurred on the date and hour stated above.

4. Sex Male 5. Color or race White
 6. (a) Single, widowed, married, divorced Widowed
 6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years
 7. Birth date of deceased: Oct 21 1855
 (Month) (Day) (Year)

Immediate cause of death: Cerebral Thrombosis Duration 12 days
 Due to General arteriosclerosis 30 months
 Due to Sclerosis years

Other conditions (Include pregnancy within 3 months of death) _____

8. AGE: Years 89 Months 3 Days 21
 If less than one day _____ hr. _____ min.

9. Birthplace Macon Pa Maon
 (City, town, or county) (State or foreign country)
 10. Usual occupation Retired Farmer

MOTHER FATHER

11. Industry or business _____
 12. Name William Love
 13. Birthplace Virginia
 (City, town, or county) (State or foreign country)
 14. Maiden name Frances Powell
 15. Birthplace Virginia
 (City, town, or county) (State or foreign country)

Major findings: 13
 Of operations _____
 Of autopsy _____

PHYSICIAN

 Underline the cause to which death should be charged statistically.

16. (a) Informant Mrs Norris Cox
 (b) Address Bever Mrs
 17. (a) burial (b) Date thereof Feb 13 45
 (Burial, cremation, or removal) (Month) (Day) (Year)
 (c) Place: burial or cremation Oakwood Cem
 18. (a) Signature of funeral director Robert Skupnik
 (b) Address macon
 19. (a) 3/3/45 (b) Jora B. Stunkler
 (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?

 (Specify type of place) _____
 While at work? _____ (e) Means of injury _____
 23. Signature W. H. Conway (M. D. or other)
 Address macon Mo Date signed 3-2-45

1087

RECEIVED

District Health Officer No. 10

District File Number 3-45-494

Date Filed MAR 8 1945

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 Albert Skinner

Licensed Embalmer No. 75-1

P. O. Address Macoures

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.