S. No. 2
M—9-4-41
r. 5-17-39
I X29484

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

Mrs Chas Loveless

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED MAR 22 1945

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 10068

Registration District No. 175 Primary Registration District No. 3036 Registrar's No. 72

1. PLACE OF DEATH:

(a) County Lawrence

(b) City or town Aurora (If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: Aurora Hospital, Aurora, Mo. (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 22 days (Specify whether

In this community years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jasper 49

(c) City or town Carthage (If outside city or town limits, write "RURAL")

(d) Street No. Drake Hotel (If rural, give location)

(e) Citizen of foreign country? No. 3 (Yes or No)

If yes, name country

3. (a) PRINT FULL NAME NEALIEU ANN LOVELESS Loveless

3. (b) If veteran, name war None

3. (c) Social Security No. None

4. Sex Female

5. Color or race White

6. (a) Single, widowed, married, divorced Widowed

6. (b) Name of husband or wife Charles Loveless

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

7. Birth date of deceased October (Month) 28, (Day) 1867 (Year)

8. AGE: Years 77 Months 3 Days 11 If less than one day hr. min.

9. Birthplace X (City, town, or county) Illinois (State or foreign country)

10. Usual occupation Housewife

11. Industry or business

FATHER
12. Name Jesse C. Still
13. Birthplace X (City, town, or county) Ill. (State or foreign country)

MOTHER
14. Maiden name Sarah Ann McClure
15. Birthplace X (City, town, or county) Ill. (State or foreign country)

16. (a) Informant Mrs. James Burk

(b) Address Carthage, Missouri

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 2-9-45 (Month) (Day) (Year)

(c) Place: burial or cremation Park Cemetery

18. (a) Signature of funeral director Ed. C. Ulmer

(b) Address Carthage, Missouri

19. (a) 2-8-45 (Date received local registrar) (b) Eunice Greenley (Registrar's signature)

1156

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb day 7 year 1945 hour minute 1 p M.

21. I hereby certify that I attended the deceased from Jan 16, 1945 to Feby 7, 1945 that I last saw her alive on Feby 7, 1945 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Carcinoma of the Descending Colon	?
Due to —	
Due to —	
Other conditions (Include pregnancy within 3 months of death) — 46e	

Major findings:
Of operations none
Of autopsy None

PHYSICIAN — Underline the cause to which death should be charged statistically.

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 R D Towan (M. D. ~~or other~~)

Address Aurora, Mo. Date signed 2/7/45

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 6
District File Number 345-339
Date Filed MAR 21 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.....

Licensed Embalmer No.....

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.