

Registration District No. 10

Primary Registration District No. 3002

Registrar's No. 39

1. PLACE OF DEATH:

(a) County Audrain  
(b) City or town Mexico  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
309 N. Clark  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution.  
In this community 23 years  
(Specify whether years, months or days)

3. (a) PRINT FULL NAME Mary Love

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

4. Sex W F  
5. Color or race W  
6. (a) Single, widowed, married, divorced M

6. (b) Name of husband or wife Sam M. Love  
6. (c) Age of husband or wife if alive years

7. Birth date of deceased May 4, 1885  
(Month) (Day) (Year)

8. AGE: Years 59 Months 10 Days 13  
If less than one day hr. min.

9. Birthplace Calloway County, Mo.  
(City, town, or county) (State or foreign country)

10. Usual occupation House wife

11. Industry or business

MOTHER FATHER  
12. Name James Lampton  
13. Birthplace Boone County, Mo.  
(City, town, or county) (State or foreign country)  
14. Maiden name Mandy Wolff  
15. Birthplace Boone County, Mo.  
(City, town, or county) (State or foreign country)

16. (a) Informant Sam M. Love

(b) Address Mexico, Mo.

17. (a) Burial (b) Date thereof 3/18/45  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Elmwood

18. (a) Signature of funeral director

(b) Address Mexico, Mo.

19. (a) 3/18/45 (b) Margaret H Mackie  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Audrain  
(c) City or town Mexico  
(If outside city or town limits, write "RURAL")  
(d) Street No. 309 N. Clark  
(If rural, give location)  
(e) Citizen of foreign country? No (Yes or No)  
If yes, name country

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Mar day 17  
year 1945 hour 12 minute 30 A.M.

21. I hereby certify that I attended the deceased from Jan 1, 1943, to Mar 17, 1945, that I last saw her alive on Mar 16, 1945, and that death occurred on the date and hour stated above.

Immediate cause of death: myocarditis chr.  
apoplexy  
Due to arterio sclerosis  
Duration 1 yr.

Other conditions: fractured Rt hip  
(Include pregnancy within 3 months of death)

Major findings: Of operations: Of autopsy: RSW

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 R.S. Williams (M. D. or other) M.D.  
Address Mexico Mo Date signed 3-18-45

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

RECEIVED

District Health Officer No. 10

District File Number 4-45-570

Date Filed APR. 13 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.....

.....  
working under my personal supervision.

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

Signed.....

*Wm. A. ...*

..... Licensed Embalmer No. 3569

..... 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.