S. No. 2
M—5-43
. 5-17-39
I X36671

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED AUG 4 1945

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 23072

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 3175

1. PLACE OF DEATH:
(a) County Jackson
(b) City or town Kansas City
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 1
436 S Colorado
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution
In this community 30 years (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Jackson 48
(c) City or town Kansas City 2
(If outside city or town limits, write "RURAL")
(d) Street No. 436 S Colorado 8
(If rural, give location)
(e) Citizen of foreign country? no (Yes or No) 0
If yes, name country

3. (a) PRINT FULL NAME JOHN MC FARLAND LOVE

3. (b) If veteran, name war none
3. (c) Social Security No. none

4. Sex male 0
5. Color or race white
6. (a) Single, widowed, married, divorced married 1
6. (b) Name of husband or wife Anna M Love
6. (c) Age of husband or wife if alive 64 years
7. Birth date of deceased March (Month) 7 (Day) ~~1878~~ 1879 (Year)

8. AGE: Years 66 ~~67~~ Months 54 Days 19 If less than one day hr. min.

9. Birthplace Centerville (City, town, or county) Iowa (State or foreign country) 1
10. Usual occupation Policeman
11. Industry or business K.C.Police Dept.

FATHER
12. Name William M Love
13. Birthplace Scotland (City, town, or county) (State or foreign country) 4

MOTHER
14. Maiden name Bertha McCloud
15. Birthplace Scotland (City, town, or county) (State or foreign country) 4

16. (a) Informant Anna M Love
(b) Address 436 S Colorado
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 7-28-195 (Month) (Day) (Year)
(c) Place: burial or cremation Mt.Moriah Cemetery
18. (a) Signature of funeral director Geo.C.Carson Funeral Home
(b) Address Independence Missouri
19. (a) 7-28-45 (Date received local registrar) (b) Geraldine Holmes (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 26 year 1945 hour 6 minute 05P. M.

21. I hereby certify that I attended the deceased from 7/24, 1945 to 7/26, 1945 that I last saw him alive on 7/26, 1945 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Cerebral Haemorrhage	3 days
Due to Arteriosclerosis	—
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations 83 a	
Of autopsy	

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. A. Williams (M. D. or other)
Address 5400 S. St. John Date signed 7/27/45

(Licensed Embalmer's Statement on Reverse Side)

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 O.K. McFarland

Licensed Embalmer No. 4397

P. O. Address Independence 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.