

No. 2
M-8-43
V. 5-17-39
I X37823

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED SEP 7 1945

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 28196
Registrar's No. 440

Registration District No. 277
Primary Registration District No. 5-950

1. PLACE OF DEATH
(a) County Pike
(b) City or town Bowling Green Rural
(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 _____ years, months or days

3. (a) PRINT FULL NAME Jacob H. Lovell
3. (b) If veteran, name war X
3. (c) Social Security No. none

4. Sex male 5. Color or race white 6. (a) Single, widowed, married, divorced Widowed
6. (b) Name of husband or wife Lou Ellen Lovell 6. (c) Age of husband or wife if alive X years
7. Birth date of deceased Nov 2 1896
(Month) (Day) (Year)

8. AGE: Years 48 Months 9 Days 6 If less than one day _____ hr. _____ min.

9. Birthplace Pike Co. Mo.
(City, town, or county) (State or foreign country)

10. Usual occupation Retired Farmer

11. Industry or business
12. Name Isaac Lovell
13. Birthplace Dont know
(City, town, or county) (State or foreign country)
14. Maiden name Matilda Scott
15. Birthplace Dont know
(City, town, or county) (State or foreign country)

16. (a) Informant Lourence Lovell
(b) Address Bowling Green Mo.

17. (a) Burial (b) Date thereof 8-10-1945
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Indian Creek Mo.

18. (a) Signature of funeral director Walter B. Anderson
(b) Address Bowling Green Mo.

19. (a) Aug 15-45 (b) Wm Frank Gordon
(Date of local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
(a) State Mo (b) County Pike
(c) City or town Bowling Green Mo
(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 _____

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month 8 day 8
year 1945 hour 6 minute 0 M.
21. I hereby certify that I attended the deceased from 1930
_____, 1945 to _____, 19____
that I last saw him alive on June 1, 1945
and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral Sclerosis
Duration 10 yrs
Due to _____
Due to _____
Other conditions (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?
While at work? _____ (Specify type of place) (Means of injury)
23. Signature W. M. Walker (M. D. or other)
Address Bowling Green Mo Date signed 8/9/45

MOTHER FATHER

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

1148

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED

District Health Officer No. 10

District File Number 9-45-1370

Date Filed SEP 5 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 Grace Banford

Licensed Embalmer No. 2204

P. O. Address Bowling Green, W.

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.