

FILED JAN 11 1948
Registration District No. 15

Primary Registration District No. 3028

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

1. PLACE OF DEATH:

(a) County Jasper
(b) City or town Carthage
(c) Name of hospital or institution: 306 So. McGregor St.
(d) Length of stay: In hospital or institution 79 Years
In this community 79 Years

3. (a) PRINT FULL NAME RACHEL JANE LOVE

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 William M. Love
6. (c) Age of husband or wife if alive years 30, 1865

7. Birth date of deceased June 30, 1865
(Month) (Day) (Year)

8. AGE: Years 80 Months 5 Days 12
If less than one day hr. min.

9. Birthplace Franklin County, Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business

MOTHER FATHER { 12. Name William Gasperson
13. Birthplace Unknown
14. Maiden name Martha Inman
15. Birthplace Unknown

16. (a) Informant Walter Love,
(b) Address Carthage, Missouri

17. (a) Burial (Burial, cremation, or removal)
(b) Date thereof 12-15-45
(c) Place: burial or cremation Red Oak Cemetery

18. (a) Signature of funeral director Ed. C. Ulmer
(b) Address Carthage, Missouri

19. (a) 12-13-45 (Date received local registrar)
(b) B. Clinton (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jasper 49
(c) City or town Carthage
(d) Street No. 306 So. McGregor St.
(e) Citizen of foreign country? No.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec. day 12, year 45 hour 5: minute 00 P. M.

21. I hereby certify that I attended the deceased from 1940 to 12-1-1945
that I last saw her alive on 12-1-1945
and that death occurred on the date and hour stated above.

Immediate cause of death: Pneumonia, terminal
Cerebral hemorrhages
Duration: 2 wks
3 yrs + few wks

Due to
Due to
Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations
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?
(d) Did injury occur in or about home, on farm, in industrial place, in public place?

23. Signature: B. Russell Smith (M. D. or other M.D.)
Address: Carthage Mo Date signed 12-13-45

45-12 989

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..... *Edellmer*

Licensed Embalmer No... *2272*

P. O. Address... *Parthage*

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.