

FILED FEB 11 1946

Registration District No. 167

Primary Registration District No. 5608

Registrar's No. 60

1. PLACE OF DEATH:

(a) County Johnson
(b) City or town Rural, Madison Twp.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
Route #2, Holden, Mo.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution none
In this community 30 years
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Johnson
(c) City or town Rural
(If outside city or town limits, write "RURAL")
(d) Street No. Route #2, Holden, Mo.
(If rural, give location)
(e) Citizen of foreign country? no
If yes, name country XXXX

3. (a) PRINT FULL NAME WILLIAM ARTHUR LOVELL

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

4. Sex male 5. Color or race white
6. (a) Single, widowed, married, divorced married

(b) Name of husband or wife Ida Margaret Lovell
6. (c) Age of husband or wife if alive 29 years

7. Birth date of deceased May 5, 1868
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>77</u>	<u>7</u>	<u>26</u>	hr. min.

9. Birthplace Carbon, Indiana
(City, town, or county) (State or foreign country)

10. Usual occupation Farmer

11. Industry or business same

12. Name George Lovell

13. Birthplace Indiana
(City, town, or county) (State or foreign country)

14. Maiden name Amanda Mullins

15. Birthplace Indiana
(City, town, or county) (State or foreign country)

16. (a) Informant Ida Margaret Lovell

(b) Address Holden, Mo.

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

(c) Place: burial or cremation Sunset Hill, Wbg. Mo.

18. (a) Signature of funeral director Canaday & Ropp

(b) Address Holden, Missouri

19. (a) 2-1-46 (b) Mrs G. Redford
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month January day 1
year 1946 hour 7:45 minute A M.

21. I hereby certify that I attended the deceased from June 1, 1940 to Jan 1, 1946
that I last saw him alive on Dec 30, 1945
and that death occurred on the date and hour stated above.

Immediate cause of death Coronary Thrombosis
Duration

Due to _____
Due to _____

Other conditions Gen Arteriosclerosis
(Include pregnancy within 3 months of death)

Major findings:
Of operations _____
Of autopsy 940

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?
While at work? _____ (Specify type of place) (e) Means of injury _____

23. Signature Kelly Rawlin (M. D. or other)
Address Holden, Mo. Date signed 1/1/46

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

1448

AUG 15 1946

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..... *Samuel B. Popp*
Licensed Embalmer No. *4044*
P. O. Address..... *Holder, 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.