. No. 2
I—5-43
5-17-39
I X36671

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

FILED JAN 21 1946

State File No. 3784

Registration District No. 294 Primary Registration District No. 3056 Registrar's No. 252

1. PLACE OF DEATH:

(a) County Randolph

(b) City or town Moberly
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: Wabash Hospital
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution ..... (Specify whether years, months or days)

In this community Years

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Randolph

(c) City or town Moberly
(If outside city or town limits, write "RURAL")

(d) Street No. American Hotel
(If rural, give location)

(e) Citizen of foreign country? ..... (Yes or No)

If yes, name country .....

3. (a) PRINT FULL NAME Ernest E. Love

3. (b) If veteran, name war ✓

3. (c) Social Security No. 703-01-2371

4. Sex Male

5. Color or race White

6. (a) Single, widowed, married, divorced Widowed

6. (b) Name of husband or wife .....

6. (c) Age of husband or wife if alive ..... years

7. Birth date of deceased Nov (Month) 6th (Day) 1872 (Year)

8. AGE: Years 73 Months 1 Days 12 If less than one day ..... hr. ..... min.

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

10. Usual occupation Rtd. Conductor

11. Industry or business Wabash RR

FATHER
12. Name James T. Love
13. Birthplace Mo (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Betty Buell
15. Birthplace Mo (City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Mayme Dunivent
(b) Address Moberly

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Dec 20-45 (Month) (Day) (Year)
(c) Place: burial or cremation Moberly

18. (a) Signature of funeral director Malan and Son
(b) Address Moberly Mo

19. (a) Dec 20-45 (Date received local registrar) (b) Leah Williams (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec day 18th. year 1945 hour 2 50 minute A.M.

21. I hereby certify that I attended the deceased from 7-31-45, 19..., to 12-18-45, 19...; that I last saw him alive on 12-17-45, 19...; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Cancer of tongue	about 5 year.
Due to Heart	
Due to	
Other conditions (Include pregnancy within 3 months of death) Acute myocarditis	1 year.

Major findings:
Of operations .....
Of autopsy None.

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 Enoch F. Elliott (M. D. or other)
Address Wabash Hospital Date signed 12-18-45
House Surgeon

(Licensed Embalmer's Statement on Reverse Side)

269

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

100720

JAN 25 1946

FEB 4 1946

203-01-2371

RECEIVED
District Health Officer No.
District File Number 1-46-3
Date Filed JAN 16 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 Frank B. DeWitt

Licensed Embalmer No. 9021

P. O. Address Moberly 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.