

No. 2
-2-43
-17-39
X35697

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **6231**
Registrar's No. **18**

FILED MAR 4 9 1946
Registration District No. **1**

Primary Registration District No. **3032**

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

1. PLACE OF DEATH:
(a) County **Johnson**
(b) City or town **Warrensburg**
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
Warrensburg Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution **3 Days**
In this community **70 Yrs**
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State **Missouri** (b) County **Johnson** **51**
(c) City or town **Warrensburg** **2**
(If outside city or town limits, write "RURAL")
(d) Street No. **West Gay St** **2**
(If rural, give location)
(e) Citizen of foreign country? **no** (Yes or No) **1**
If yes, name country _____

3. (a) PRINT FULL NAME **Ralph E. Loveall**
3. (b) If veteran, name war **no**
3. (c) Social Security No. **no**

4. Sex **Male** 5. Color or race **White**
6. (a) Single, widowed, married, divorced **Divorced**
6. (b) Name of husband or wife **Deceased**
6. (c) Age of husband or wife if alive **years**
7. Birth date of deceased **April 12 1874**
(Month) (Day) (Year)

8. AGE: Years **71** Months **8** Days **30**
If less than one day hr. min.

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

10. Usual occupation **Stone Mason**

11. Industry or business _____

MOTHER FATHER
12. Name **John G Loveall**
13. Birthplace **North Carolina**
(City, town, or county) (State or foreign country)
14. Maiden name **Nancy Cecil**
15. Birthplace **North Carolina**
(City, town, or county) (State or foreign country)

16. (a) Informant **Mrs H.O. Davis**

(b) Address **W. Gay St. Warrensburg Mo.**

17. (a) **Burial** (b) Date thereof **2-4-46**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Sunset Hill**

18. (a) Signature of funeral director **Sweeney Phillips**

(b) Address **Warrensburg Mo.**

19. (a) **Feb. 4, 1946** (b) **Saraannah Overstuffed**
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Feb** day **2**
year **1946** hour **12** minute **30 P.M.**

21. I hereby certify that I attended the deceased from **1-31** 19**46** to **2-2** 19**46**
that I last saw him alive on **2-2** 19**46**
and that death occurred on the date and hour stated above.

Immediate cause of death:
Perforation of Stomach Wlen 2 days
& Peritonitis

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.
1170

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 **1**

Signature **R. L. Cooper** (M. D. or other) **MD**

Address **Warrensburg Mo.** Date signed **2-4-46**

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..... *J. Earl Priest*.....

Licensed Embalmer No..... **3878**.....

P. O. Address..... **Warrensburg 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.