

No. 2
-5-43
5-17-39
X36671

DEPARTMENT OF COMMERCE
BUREAU OF VITAL RECORDS
THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **20372**
Registrar's No. **2534**

Registration District No. **149** Primary Registration District No. **1002**

1. PLACE OF DEATH:
(a) County **Jackson**
(b) City or town **Kansas City**
(c) Name of hospital or institution: **General Hospital**
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution **5-19-46-6-7-46**
(Specify whether years, months or days) **unknown**

2. USUAL RESIDENCE OF DECEASED:
(a) State **MO** (b) County **Jackson**
(c) City or town **Kansas City**
(If outside city or town limits, write "RURAL")
(d) Street No. **921 1/2 E 12th St**
(If rural, give location)
(e) Citizen of foreign country? **no** (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME **WM F. Loveland**
3. (b) If veteran, name war **Spanish War** 3. (c) Social Security **Do not know**

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month **June** day **7**
year **1946** hour **4** minute **35P** M.
21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____;
that I last saw him _____ alive on _____, 19____,
and that death occurred on the date and hour stated above.

4. Sex **Male** 5. Color or race **White** 6. (a) Single, widowed, married, divorced **Single**
6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased **Dec 8 1870**
(Month) (Day) (Year)

Immediate cause of death **Reputy Coroner**
Broncho pneumonia Duration _____
Due to **Fracture Right Femur.**
Due to **Injury by Fall on street**
Other conditions (Include pregnancy within 3 months of death) _____

8. AGE: Years Months Days If less than one day
75 **5** **29** min.
9. Birthplace **Barnettville Indiana**
(City, town, or county) (State or foreign country)

Major findings: Of operations **186a-5**
Of autopsy **See Above.**
PHYSICIAN
Underline the cause to which death should be charged statistically.

10. Usual occupation **Retired**
11. Industry or business **General Contractor**
12. Name **George F Loveland**
13. Birthplace **Do not know** 9
(City, town, or county) (State or foreign country)
14. Maiden name **Sue Miller**
15. Birthplace **Ill.**
(City, town, or county) (State or foreign country)

MOTHER FATHER
16. (a) Informant **Daniel Lee Loveland**
(b) Address **1133 Garfield K.C.M.**
17. (a) **Burial** (b) Date thereof **June 10 1946**
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation **Wadsworth Ms.**
18. (a) Signature of funeral director **James A. ...**
(b) Address **12 E mo**
19. (a) **6-8-46** (b) **Thelma Holmes**
(Date received local registrar) (Registrar's signature)

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify) **Accident**
(b) Date of occurrence **5/19/46**
(c) Where did injury occur? **Kansas City Mo**
(City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place?
While at work? **No** (Specify type of place) **Truants**
Means of injury **Truants**
23. Signature **A. E. Baker** (M. D. or D. V. M.)
Address **2800 Main St**

1945
WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

JUN 24 1948

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. S. Walton

Licensed Embalmer No. 2744

P. O. Address K. C. 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.