No. 2
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
FILED AUG 15 1946

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 23342

Registration District No. 128 Primary Registration District No. 5467 Registrar's No. 602

1. PLACE OF DEATH:

(a) County Greene

(b) City or town Rural 1st Robberson Twsp.
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: Springfield Route # 5
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution ..... (Specify whether
In this community 1 Month
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State CINDIANA (b) County Bartholomew 999

(c) City or town Columbus 12
(If outside city or town limits, write "RURAL")

(d) Street No. 0
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No) 2

If yes, name country .....

3. (a) PRINT FULL NAME JAMES ALEXANDER LOVE

3. (b) If veteran, name war None

3. (c) Social Security No. None

4. Sex Male 0

5. Color or race White

6. (a) Single, widowed, married, divorced Widowed 2

6. (b) Name of husband or wife Lula G. Love

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

7. Birth date of deceased July (Month) 18, (Day) 1876 (Year)

8. AGE: Years 70 Months 0 Days 0 If less than one day ..... hr. ..... min.

9. Birthplace Lamar, (City, town, or county) Missouri (State or foreign country) 0

10. Usual occupation Retired

11. Industry or business Brick Layer

FATHER
12. Name Alexander R. Love
13. Birthplace Unknown (City, town, or county) Unknown (State or foreign country) 9

MOTHER
14. Maiden name Mattie Fitzhu
15. Birthplace Unknown (City, town, or county) Unknown (State or foreign country) 9

16. (a) Informant Mrs. Loyd Britton
(b) Address R.F.D.5 - Springfield, Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof July 23, 1946 (Month) (Day) (Year)
(c) Place: burial or cremation East Lawn Cemetery

18. (a) Signature of funeral director Fred C. Thieme
(b) Address Springfield, Mo.

19. (a) 7-26-46 (Date received local registrar) (b) Dr N. E. Hawsley (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 18th year 1946 hour 5:15 P.M. minute ..... M.

21. I hereby certify that I attended the deceased from June 30 —, 1946, to July 18, 1946 that I last saw him alive on July 14 —, 1946 and that death occurred on the date and hour stated above.

Immediate cause of death Decompensating heart

Due to Chronic Myocarditis

Due to .....

Other conditions Rheumatic fever, some years ago.
(Include pregnancy within 3 months of death)

Major findings:
Of operations .....
Of autopsy .....

Duration

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 0

23. Signature C. E. Feller (M. D. or other)

Address Springfield, Mo. Date signed 7/26/46

(Licensed Embalmer's Statement on Reverse Side)

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 Ralph A. Thieme

Licensed Embalmer No. 3669

P. O. Address Springfield, 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.