S. No. 2
M—8-43
. 5-17-39
I X37823

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JAN 21 1947

Registration District No. 1947

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

1942

State File No.

Primary Registration District No. 5840

Registrar's No. 2

1. PLACE OF DEATH:

(a) County Newton

(b) City or town Rural Van Buren Township
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: none
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution none (Specify whether
In this community over 40 years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Newton 73

(c) City or town "Rural" Granby R 0
(If outside city or town limits, write "RURAL")

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

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

If yes, name country none

3. (a) PRINT FULL NAME Rilda Samantha LOVING

3. (b) If veteran, name war None

3. (c) Social Security No. None

4. Sex F 1

5. Color or race W

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

6. (b) Name of husband or wife Josiah C. Loving

6. (c) Age of husband or wife if alive 70 years

7. Birth date of deceased March (Month) 18 (Day) 1879 (Year)

8. AGE: Years 67 Months 9 Days 25 If less than one day ___ hr. ___ min.

9. Birthplace Barry County (City, town, or county) Missouri (State or foreign country)

10. Usual occupation Housewife

11. Industry or business Home

FATHER
12. Name Alex Stockton 0
13. Birthplace (City, town, or county) Missouri (State or foreign country)

MOTHER
14. Maiden name Mary Catherine Henson
15. Birthplace Not Known (City, town, or county) (State or foreign country) 9

16. (a) Informant J. C. Loving 1
(b) Address R-1 Granby Mo

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Jan 15 1947 (Month) (Day) (Year)
(c) Place: burial or cremation 160 F Newtonia Mo

18. (a) Signature of funeral director Callaway
(b) Address Monett Mo

19. (a) Jan 14 1947 (Date received local registrar) (b) M. L. Young (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month January day 13
year 1947 hour 3 minute 30 P. M.

21. I hereby certify that I attended the deceased from May 16, 1946, to Jan 13, 1947; that I last saw her alive on Jan 6, 1947; and that death occurred on the date and hour stated above.

Immediate cause of death Uremia

Due to Chronic Interstitial Nephritis Hypertension

Due to Arteriosclerosis

Other conditions none
(Include pregnancy within 3 months of death)

Major findings:
Of operations none

Of autopsy none

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

131A

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 Melvin C. Bowman (M. D. or other) MD

Address Neosho, Mo Date signed Jan 14 47

225 (Licensed Embalmer's Statement on Reverse Side)

RECEIVED

District Health Officer No. Newton

District File Number 142-9

Date Filed 1-20-47

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. D. Buchanan

Licensed Embalmer No. 3179

P. O. Address Monett 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.