

FILED APR 24 1947

Registration District No. 15

Primary Registration District No. 4239

Registrar's No. 59

1. PLACE OF DEATH:

(a) County Jackson
(b) City or town Lee's Summit
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
500 Hearne St.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether _____)
In this community _____
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Jackson
(c) City or town Lee's Summit
(If outside city or town limits, write "RURAL")
(d) Street No. 500 Hearne St.
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Love man Love

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 Widowed
6. (b) Name of husband or wife Mary Jane Love 6. (c) Age of husband or wife if alive XX years
7. Birth date of deceased 2-14-1863
(Month) (Day) (Year)

8. AGE: Years 84 Months 1 Days 25 If less than one day _____ hr. _____ min

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

10. Usual occupation Retired

11. Industry or business Farmer

12. Name Alexander Love

13. Birthplace Ohio
(City, town, or county) (State or foreign country)

14. Maiden name Ametia Marsh

15. Birthplace Ohio
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs Esther Jones
(b) Address Lee's Summit Mo

17. (a) Burial (b) Date thereof 4-12-47
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Lee's Summit Mo

18. (a) Signature of funeral director H. S. Langford
(b) Address Lee's Summit Mo

19. (a) 4-11-47 (b) Donald C. Eumbar
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 9
year 1947 hour 2 minute 10 P.M.

21. I hereby certify that I attended the deceased from April 8 to April 9, 1947
that I last saw him alive on April 9, 1947
and that death occurred on the date and hour stated above.

Immediate cause of death Myocarditis

Due to Cardiorrenal failure

Due to _____

Other conditions (Include pregnancy within 3 months of death) _____

Major findings: Of operations gsk
Of autopsy _____

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) _____ (e) Means of injury SA

23. Signature D. Jenkins D.O. (M. D. or other)
Address Lee's Summit Mo Date signed 4-10-47

Duration 2 days
1 year
PHYSICIAN
Underline the cause to which death should be charged statistically.

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

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

W. B. Langford

Licensed Embalmer No.

3823

P. O. Address

Lees Summit

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HAND WRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.