

FILED JUL 22 1947

Registration District No. 360

Primary Registration District No. 6225

Registrar's No. 119

1. PLACE OF DEATH:

(a) County Vernon
(b) City or town Rural Washington Township
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: State Hospital # 3
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 9 yrs. 5 mos. 4 da.
In this community 9 years 5 mos - 4 days (Specify whether years, months or days)

8. (a) PRINT FULL NAME CHARLES. LOVELESS

3. (b) If veteran, name war 3. (c) Social Security No. None

4. Sex Male 5. Color or race W 6. (a) Single, widowed, married, divorced widowed

6. (b) Name of husband or wife [check] 6. (c) Age of husband or wife if alive [check] years

7. Birth date of deceased 4 (Month) 22 (Day) 1862 (Year)

8. AGE: Years 85 Months 2 Days 23 If less than one day hr. _____ min. _____

9. Birthplace Tipton County Indiana (City, town, or county) (State or foreign country)

10. Usual occupation Labourer

11. Industry or business _____

MOTHER FATHER

12. Name J W Loveless

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

14. Maiden name Sarah J Smith

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

16. (a) Informant Records (b) Address State Hospital # 3

17. (a) Removal (Burial, cremation, or removal) (b) Date thereof Jul 17 1947 (Month) (Day) (Year)

(c) Place: burial or cremation Stockwood Indiana

18. (a) Signature of funeral director Allen W. Davis

(b) Address Nevada Mo.

19. (a) 2-17-47 (Date received local registrar) (b) Walter W. Hancey (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jasper
(c) City or town Carl Junction
(If outside city or town limits, write "RURAL")
(d) Street No. Rural
(If rural, give location)
(e) If foreign born, how long in U. S. A. years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 7 day 15 year 1947 hour 8:50 minute 7 P. M.

21. I hereby certify that I attended the deceased from 7-15 1947 to 7-15 1947 that I last saw him alive on 7-15 1947 and that death occurred on the date and hour stated above.

Immediate cause of death Senile Deterioration

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.

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 [check]

23. Signature J R Bunch (M. D. or other) Address State Hospital # 3 Date signed 7-15-47

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

RECEIVED
District Health Officer No. 7,
6-71-896
District File Number 7-96-47
Date Filed

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 Allen S. Hays

Licensed Embalmer No. 1968

P. O. Address Nevada 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, above space should be left blank.