M—1/47
v. 5-17-39

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

National Office of Vital Statistics

FILED SEP 29 1947

STANDARD CERTIFICATE OF DEATH

State File No. 31308

Registration District No. 1449 — Primary Registration District No. 1002 — Registrar's No. 3998

1. PLACE OF DEATH:
(a) County: Jackson
(b) City or town: Kansas City
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: General Hospital No. 1 0
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 7 days (Specify whether years, months or days)
In this community 15 years
Edward Lee

2. USUAL RESIDENCE OF DECEASED:
(a) State: Missouri (b) County: Jackson 48
(c) City or town: Kansas City 3
(If outside city or town limits, write "RURAL")
(d) Street No.: St. James Hotel 8
(If rural, give location) 0
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME: Robert Lovelady
3. (b) If veteran, name war: No
3. (c) Social Security No.: 492-14-1959A

4. Sex: Ma 0
5. Color or race: Wh
6. (a) Single, widowed, married, divorced: Divorced
6. (b) Name of husband or wife: unknown
6. (c) Age of husband or wife if alive: years
7. Birth date of deceased: May (Month) 17 (Day) 1868 (Year)

8. AGE: Years 79 | Months 4 | Days 1 | If less than one day: hr. min.

9. Birthplace: Weston (City, town, or county) Missouri (State or foreign country)
10. Usual occupation: Hotel Clerk
11. Industry or business: St. James Hotel

FATHER
12. Name: Jackson Lovelady
13. Birthplace: Tenn. (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name: Judea Newby
15. Birthplace: Tenn. (City, town, or county) (State or foreign country)

16. (a) Informant: Mrs. Brenda M. Sale
(b) Address: 4418 Holly, St. Louis, Mo.
17. (a) Cremation (Burial, cremation, or removal) (b) Date thereof 9-20-47 (Month) (Day) (Year)
(c) Place: burial or cremation: Elmwood
18. (a) Signature of funeral director: J. W. Wagner
(b) Address: Kansas City, Mo.
19. (a) 9-20-47 (Date received local registrar) Geraldine Holmes (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept. day 18 year 1947 hour 12 minute 35 A.M.

21. I hereby certify that I attended the deceased from Sept. 11, 1947 to Sept. 18, 1947; that I last saw him alive on Sept. 18, 1947; and that death occurred on the date and hour stated above.

Immediate cause of death: Ruptured appendix-Appendiceal abscess-Peritonitis — Duration
Due to
Due to
Other conditions (Include pregnancy within 3 months of death)
Major findings: Of operations
Of autopsy: See above

PHYSICIAN: Underline the cause of 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? 0 (Specify type of place)
While at work? (e) Means of injury

23. Signature: Wm W. Hart (M. D. or other) M.D.
Address: Med. Dir. Gen'l Hosp. Date signed 9-18-47

Jefferson City Printing Co.

(Licensed Embalmer's Statement on Reverse Side)

A. McNamara

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 Cecil R. Matthes

Licensed Embalmer No. 38-07

P. O. Address Kansas City, 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.