

No. 2
2-43
17-39
X35897

FILED APR 3 1948

Registration District No. _____

Primary Registration District No. 5291

Registrar's No. 50

1. PLACE OF DEATH:

(a) County Clay

(b) City or town Liberty, Ma. River
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: Ma. River South East of Liberty 3
(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 Nebraska (b) County Douglas 999

(c) City or town Omaha 25
(If outside city or town limits, write "RURAL")

(d) Street No. 6223 William St 0
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No) 0

If yes, name country No

3. (a) PRINT FULL NAME A. W. Love

3. (b) If veteran, name war No

3. (c) Social Security No. 506-05-6918

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 23 year 1948 hour 11:00 minute 9 A. M.

21. I hereby certify that I attended the deceased from _____ to _____, 19____; that I am not alive on _____, 19____; and that death occurred on the date and hour stated above.

4. Sex Male 5. Color or race White

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

6. (b) Name of husband or wife Grace Sherman Love

6. (c) Age of husband or wife if alive 40 years

7. Birth date of deceased June 11 1890
(Month) (Day) (Year)

Immediate cause of death Heart

Due to P.F.D. Liberty Mo.

8. AGE: Years Months Days If less than one day

56 9 13 hr. min.

Due to _____

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

Major findings: Of operations _____

Of autopsy _____

9. Birthplace Omaha Neb
(City, town, or county) (State or foreign country)

10. Usual occupation Executive auto dealer

11. Industry or business Midwest Olds Cadillac Omaha

12. Name Walter Henry Love

13. Birthplace Ithaca N.Y.
(City, town, or county) (State or foreign country)

14. Maiden name Minnie Helen Morehouse

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

Due to _____

Other conditions _____

Major findings: Of operations _____

Of autopsy _____

16. (a) Informant Hester Loyd Love

(b) Address Omaha Nebraska

17. (a) Cremation (b) Date thereof 3/25/48
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Elmwood K.C. Mo.

18. (a) Signature of funeral director [Signature]

(b) Address 119C Franklin Liberty Mo

19. (a) March 4, 1948 (b) [Signature]
(Date received local registrar) (Registrar's signature)

Due to _____

Other conditions _____

Major findings: Of operations _____

Of autopsy _____

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) Heart

(b) Date of occurrence May 23-48

(c) Where did injury occur P.F.D. Liberty Mo
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? Mo. River
(Specify type of place)

While at work? _____ (e) Means of injury _____

23. Signature [Signature] (M. D. or other) 3

Address Excelsior Springs Mo Date signed 3/24/48

MOTHER FATHER

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

ADDITIONAL INFORMATION
SEE STATEMENT PAGE
LIB. OR. STAT. 104
REBUIR. 200

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

RECEIVED

District Health Officer No. _____

District File Number _____

Date Filed 4-2-48

APR 6 1948

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 _____

Licensed Embalmer No. 3934

P. O. Address Liberty, 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.

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. April
Registrar's No. 30

Registration District No. 73 Primary Registration District No. 5291

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

1. PLACE OF DEATH:

(a) County Clay

(b) City or town Small
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:

(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution..... (Specify whether)

In this community..... (Specify whether)

years, months or days)

3. (a) PRINT FULL NAME Albert W. Love

3. (b) If veteran, name war..... 3. (c) Social Security No.....

4. Sex m 5. Color of race w 6. (a) Single, widowed, married, divorced m

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

7. Birth date of deceased June 1
(Month) (Day) (Year)

8. AGE: Years 56 Months Days If less than one day
hr. min.

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

10. Usual occupation

11. Industry or business

MOTHER FATHER { 12. Name.....

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

14. Maiden name.....

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

16. (a) Informant..... (b) Address.....

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

(c) Place: burial or cremation.....

18. (a) Signature of funeral director..... (b) Address.....

19. (a) (Date received local registrar)..... (b) (Registrar's signature).....

2. USUAL RESIDENCE OF DECEASED:

(a) State..... (b) County.....

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

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

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

If yes, name country.....

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April 23
year 1944 hour..... minute..... M.

21. I hereby certify that I attended the deceased from..... to..... 19.....

that I last saw h..... alive on..... 19.....

and that death occurred on the date and hour stated above.

Immediate cause of death.....

Duration

Due to.....

Due to.....

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

PHYSICIAN

Major findings:
Of operations.....

Of autopsy..... AK

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) accident

(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.....

23. Signature..... (M. D. or other).....

Address..... Date signed.....

SUPPLEMENTARY

1948

S-8202

R. W. J. ...
S-8202
...