

S. No. 2
M-5-43
5-17-39
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 13467
Registrar's No. 17

FILED MAY 8 1948

Registration District No. 237

Primary Registration District No. 58-5-4356

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

1. PLACE OF DEATH:
(a) County New Madrid
(b) City or town Parma
(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 4 8 yrs (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County New Madrid
(c) City or town Parma
(If outside city or town limits, write "RURAL")
(d) Street No. _____ (If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Bessie Mae Loveless
(b) If veteran, name war
(c) Social Security No.

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month April day 29 year 1948 hour 11 minute 30 P M.
21. I hereby certify that I attended the deceased from Dead when I got there that I last saw h. _____ alive on _____ and that death occurred on the date and hour stated above.

4. Sex F 5. Color or race W
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Ed Loveless
6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased March 13, 1886
(Month) (Day) (Year)

Immediate cause of death Cardiac decomp.
Duration _____

8. AGE: Years Months Days If less than one day
62 1 16 hr. min.

Due to _____
Due to _____
Other conditions (Include pregnancy within 3 months of death)
Major findings: 95C
Of operations _____
Of autopsy _____

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

10. Usual occupation Housewife

11. Industry or business _____

12. Name Charles A. Minehart
13. Birthplace unknown 9
(City or town, or county) (State or foreign country)

14. Maiden name unknown
15. Birthplace unknown 9
(City, town, or county) (State or foreign country)

16. (a) Informant William Loveless
(b) Address Parma, Missouri

17. (a) Burial (b) Date thereof 5-1-48
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Malden, Mo.

18. (a) Signature of funeral director William Furr Serris
(b) Address Parma, Missouri

19. (a) 5-1-48 (b) Dr. Edward Smith
(Date received local registrar) (Registrar's signature)

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? Yes (Specify type of place) (e) Means of injury _____
23. Signature Dr. Edward Smith (M. D. or other)
Address Parma Mo Date signed 5-1-48

RECEIVED

District Health Office No. 2,

District File Number 548-583

Date Filed 5-6-48

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 Lymon Steele
.....
..... Licensed Embalmer No. 2476
.....
..... P. O., Address Nexter, 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.