

No. 300  
-10-47  
5-17-39  
-1 3906

FEDERAL SECURITY AGENCY  
National Office of Vital Statistics

MISSOURI DIVISION OF HEALTH  
STANDARD CERTIFICATE OF DEATH

16426  
State File No. \_\_\_\_\_  
Registrar's No. 2013

FILED MAY 22 1948  
Registration District No. 49

Primary Registration District No. 1002

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

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 #2 0  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 4 days  
(Specify whether \_\_\_\_\_)

In this community 30 years  
years, months or days)

3. (a) PRINT FULL NAME PETE LOVE

3. (b) If veteran, name war NO

3. (c) Social Security No. 499-16-3702

4. Sex MALE 2 5. Color or race NEGRO

6. (a) Single, widowed, married, divorced WIDOWED

6. (b) Name of husband or wife unknown

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

7. Birth date of deceased APRIL 15 1888  
(Month) (Day) (Year)

8. AGE: Years 60 Months 0 Days 24  
If less than one day hr. \_\_\_\_\_ min.

9. Birthplace LITTLE ROCK ARKANSAS  
(City, town, or county) (State or foreign country)

10. Usual occupation LABORER

11. Industry or business \_\_\_\_\_

12. Name JOHN LOVE 9

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

14. Maiden name ORA DANIELS  
(City, town, or county) (State or foreign country)

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

16. (a) Informant DAUGHTER: ORA RUTH RUSSELL

(b) Address 1106 East 19th Street

17. (a) Burial (b) Date thereof 5-19-1948  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation LINCOLN CEM.

18. (a) Signature of funeral director Brady - BROWN

(b) Address 1708 J road

19. (a) 5-11-48 (b) St. Ewaldine Holmes  
(Date received local registrar) (Registrar's signature)

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. 1613 East 22nd Street 8  
(If rural, give location)

(e) Citizen of foreign country? NO (Yes or No) 1  
If yes, name country \_\_\_\_\_

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month MAY day 9  
year 1948 hour 8:35 minute A. M.

21. I hereby certify that I attended the deceased from MAY  
5 1948 to MAY 9 1948  
that I last saw him alive on MAY 9 1948  
and that death occurred on the date and hour stated above.

Immediate cause of death \_\_\_\_\_ Duration \_\_\_\_\_  
HYPERTENSIVE TYPE OF HEART DISEASE  
WITH DECOMPENSATION

Due to \_\_\_\_\_

Due to \_\_\_\_\_

Other conditions \_\_\_\_\_  
(Include pregnancy within 3 months of death)

Major findings: 932  
Of operations \_\_\_\_\_

Of autopsy \_\_\_\_\_

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) (b) Means of injury \_\_\_\_\_

23. Signature [Signature] (M. D. or other) \_\_\_\_\_

Address 600 East 22nd Street Date signed 5/10/48

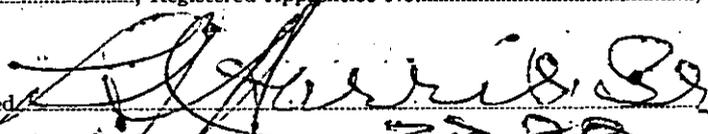
**STATEMENT BY LICENSED EMBALMER**

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



Licensed Embalmer No. 3088

P. O. Address. K.C. 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.**