

FILED JUL 16 1948

Registration District No. 207

Primary Registration District No. 5755

State File No. \_\_\_\_\_

Registrar's No. 19

1. PLACE OF DEATH:

(a) County **Maries**  
(b) City or town **Vienna, Mo. (Rural)**  
(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 **3 Months** years, months or days)

3: (a) PRINT FULL NAME **Agnes Francis Loveland**

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

4. Sex **Female** / 5. Color or race **White**  
6. (a) Single, widowed, married, divorced **Married**  
6. (b) Name of husband or wife **Hughey Loveland**  
6. (c) Age of husband or wife if alive **51** years  
7. Birth date of deceased **Dec. 15 1898**  
(Month) (Day) (Year)

8. AGE: Years **49** Months **6** Days **19**  
If less than one day hr. \_\_\_\_\_ min. \_\_\_\_\_

9. Birthplace **Hogan, Mo.**  
(City, town, or county) (State or foreign country)

10. Usual occupation **Housewife**

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

MOTHER FATHER { 12. Name **R. W. Kuch**  
13. Birthplace **Penn.**  
(City, town, or county) (State or foreign country)  
14. Maiden name **Catherine Schillings**  
15. Birthplace **Germany.**  
(City, town, or county) (State or foreign country)

16. (a) Informant **Hughey Loveland**  
(b) Address **Vienna, Mo.**  
17. (a) **Burial** (b) Date thereof **7-7-1948**  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: burial or cremation **Sunset Hill Cemetery**

18. (a) Signature of funeral director **H. C. Birmingham**  
(b) Address **Vienna, Mo.**

19. (a) **5-9-48** (b) **Pauline Howard**  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Mo.** (b) County **Maries**  
(c) City or town **Rural**  
(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 **July** day **4th**  
year **1948** hour **-9** minute **30 P.M.**

21. I hereby certify that I attended the deceased from **July 4/48**  
\_\_\_\_\_ 19 \_\_\_\_\_ to **July 14** 19 **48**  
that I last saw her alive on **July 14** 19 **48**  
and that death occurred on the date and hour stated above.

Immediate cause of death **Myocardial Infarction**  
Duration \_\_\_\_\_

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

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

Major findings: Of operations \_\_\_\_\_  
Of autopsy **no**

ADDITIONAL PHYSICIAN SUPPLEMENT FOR UNDERLINE THE CAUSE TO WHICH DEATH SHOULD BE CHARGED STATISTICALLY. RECORDS

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

(a) Accident, suicide, or homicide (specify) **no**  
(b) Date of occurrence **July 4 - 48**  
(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) (c) Means of injury **D**

23. Signature **D. J. Jones** (M. D. or other)  
Address **Bella** Date signed **July 4/48**

RECEIVED  
District Health Officer No. 9,  
District File Number  
Date Filed JUL 15 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 *W.C. Cunningham*  
Licensed Embalmer No. *366*  
P. O. Address *Wesley, N.C.*

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.