

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

37360

State File No. _____

FILED NOV 17 1948

Registration District No. 209

Primary Registration District No. 2043

Registrar's No. 345

1. PLACE OF DEATH:
(a) County Marion
(b) City or town Hannibal
(c) Name of hospital or institution: Levering Hospital
(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 Missouri (b) County Marion
(c) City or town Hannibal
(If outside city or town limits, write "RURAL")
(d) Street No. S. Maple Ave
(If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

3: (a) PRINT FULL NAME Orville Love
(b) If veteran, name war _____ (c) Social Security No. _____

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month October day 30
year 1948 hour _____ minute 7:30 M.

4. Sex Male 5. Color or race White
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if _____
alive _____ years
7. Birth date of deceased: July 19, 1902
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from 10/25, 1948 to 10/30, 1948
that I last saw him alive on 10/29, 1948
and that death occurred on the date and hour stated above.

8. AGE:	Years	Months	Days	If less than one day
	<u>46</u>	<u>3</u>	<u>11</u>	hr. _____ min. _____

Immediate cause of death: Acute myocardial infarction
fatal
Due to: Hardening of the arteries
Due to: _____
Other conditions (include pregnancy within 3 months of death) _____

9. Birthplace: Bowen Co ILL
(City, town, or county) (State or foreign country)

Duration: 2 weeks
7 days
4 days

10. Usual occupation Laborer
11. Industry or business International Shoe Co
12. Name Russell Love
13. Birthplace ILL
(City, town, or county) (State or foreign country)
14. Maiden name Marietta Lawson
15. Birthplace ILL
(City, town, or county) (State or foreign country)

PHYSICIAN
Major findings:
Of operations None
Of autopsy None
Underline the cause to which death should be charged statistically.

16. (a) Informant Orel Love
(b) Address Muscotine Iowa
17. (a) BURIAL (Burial, cremation, or removal) (b) Date thereof 11-1-48
(Month) (Day) (Year)
(c) Place: burial or cremation MT. OLIVET Cem.

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? _____

18. (a) Signature of funeral director James O'Connell
(b) Address Hannibal Mo
19. (a) 11-4-48 (Date received local registrar) (b) Dr E M Lucke (Registrar's signature) 1948

While at work? _____ (Specify type of place)
(e) Means of injury None
23. Signature Joe Jambler (M. D. or other) _____
Address 1607 Broadway Date signed _____

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

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 Michael J. O'Honnell

Licensed Embalmer No. 3246

P. O. Address Nannibal 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.