

FILED JUN 6 1949

STANDARD CERTIFICATE OF DEATH

15409

State File No. _____

Registrar's No. 39

BIRTH NO. _____ REG. DIST. NO. 100 PRIMARY REG. DIST. NO. 3018

1. PLACE OF DEATH a. COUNTY Dent		2. USUAL RESIDENCE (Where deceased lived; if institution, residence before admission) a. STATE Missouri b. COUNTY Dent	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Salem		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Salem	
d. FULL NAME OF HOSPITAL OR INSTITUTION Hart Clinic		d. STREET ADDRESS (If rural, give location) --	

3. NAME OF DECEASED (Type or Print) George Wilbur Love			4. DATE OF DEATH (Month) (Day) (Year) May 16 1947-9		
5. SEX M	6. COLOR OR RACE W.v	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) ever married	8. DATE OF BIRTH 11/19/42		9. AGE (In years last birthday) 6
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) schoolboy		10b. KIND OF BUSINESS OR INDUSTRY --	11. BIRTHPLACE (State or foreign country) Vida, Missouri		12. CITIZEN OF WHAT COUNTRY? U.S.

13a. FATHER'S NAME George B. Love		13b. MOTHER'S MAIDEN NAME Zelphia M. Marsh		14. NAME OF HUSBAND OR WIFE --	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No		16. SOCIAL SECURITY NO. --		17. INFORMANT'S SIGNATURE OR NAME ADDRESS George B. Love, Salem, Mo	

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Panocarditis		INTERVAL BETWEEN ONSET AND DEATH	
		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Rheumatic fever.			
		DUE TO (c) _____			
		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		400y	

19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?	

2. I hereby certify that I attended the deceased from 5-17-49 to death, 1949, that I last saw the deceased alive on 5-17-49, and that death occurred at 6:00 P.m., from the causes and on the date stated above.

23a. SIGNATURE <i>[Signature]</i> (Degree or title)		23b. ADDRESS Salem Mo		23c. DATE SIGNED 5-17-49	
---	--	------------------------------	--	---------------------------------	--

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 5/19/49		24c. NAME OF CEMETERY OR CREMATORY Pilot Knob		24d. LOCATION (City, town, or county) (State) Texas County Missouri	
---	--	--------------------------	--	--	--	--	--

DATE REC'D. BY LOCAL REGISTRAR'S SIGNATURE 5-17-REG. M. H. Hart, M.D. & E.P.		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Carl K. Spencer Salem, Missouri	
---	--	---	--

(Licensed Embellisher's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD Request for copy gave date of death as 5-16-1949

No. 300 10.48

RECEIVED 5/31/49

District Health Officer No. 5;

District File Number 549371

Date Filed 5/31/49

JUN 7 1949

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.....

Student Embalmer No.

working under my personal supervision.

Student
Student Embalmer

Signed

Wm. W. McDonald

Licensed Embalmer No. 3806

P. O. Address *Salem, 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.