

FILED SEP 2 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 26957

3513

BIRTH NO.		REG. DIST. NO. 149		PRIMARY REG. DIST. NO. 1002		Registrar's No. 3513	
1. PLACE OF DEATH a. COUNTY JACKSON b. CITY OR TOWN KANSAS CITY c. LENGTH OF STAY (in this place) 2 1/2 weeks d. FULL NAME OF HOSPITAL OR INSTITUTION HAZELWOOD NURSING HOME 2414 WALBROND AVENUE				2. USUAL RESIDENCE (Where deceased lived. -If institution: residence before admission) a. STATE MISSOURI b. COUNTY MARION c. CITY OR TOWN HANNIBAL d. STREET ADDRESS X 4			
3. NAME OF DECEASED (Type or Print) MRS. MATTIE BELLE LOUE a. (First) b. (Middle) c. (Last)			4. DATE OF DEATH AUGUST-13-1949 (Month) (Day) (Year)				
5. SEX FEMALE		6. COLOR OR RACE WHITE		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED WIDOWED		8. DATE OF BIRTH APRIL-18-1870 1861	
10a. USUAL OCCUPATION NONE		10b. KIND OF BUSINESS OR INDUSTRY AT HOME		11. BIRTHPLACE ASHBURN, MISSOURI		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13a. FATHER'S NAME HUGH LOVE UNKNOWN		13b. MOTHER'S MAIDEN NAME PATRICIA UNKNOWN SCROTNIS		14. NAME OF HUSBAND HAZELWOOD NURSING HOME RECORDS			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? --		16. SOCIAL SECURITY NO. --		17. INFORMANT'S SIGNATURE OR NAME ADDRESS HAZELWOOD NURSING HOME RECORDS			
18. CAUSE OF DEATH (Enter only one cause per line (a), (b), and (c)) *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Chronic Nephritis ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Acute Coronary Thrombosis DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				INTERVAL BETWEEN ONSET AND DEATH 4 wks 10 wks	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION 4201				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) no		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) (Min)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from June 1, 1949, to Aug 13, 1949, that I last saw the deceased alive on Aug 13, 1949, and that death occurred at 12:20 P. M., from the causes and on the date stated above.							
23a. SIGNATURE John K. Caldwell (Degree or Title) M.D.				23b. ADDRESS 306 E 12 ST. Kansas City, Mo.		23c. DATE SIGNED 8/13/49	
24a. FUNERAL CREMATION, REMOVAL (Specify) REMOVAL		24b. DATE 8-13-1949		24c. NAME OF CEMETERY OR CREMATORY HANNIBAL, MO		24d. LOCATION (City, town, or county) (State) HANNIBAL, MISSOURI	
DATE REC'D BY LOCAL REG. 8-14-49		REGISTRAR'S SIGNATURE Geraldine Holmes		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS R. H. Newcomer's Sons, K. C., Mo			

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

USE MA

Wegman 1036

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 Bernard L. Horan

Licensed Embalmer No. 4250

P. O. Address N.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.

THE STATE BOARD OF HEALTH OF MISSOURI
BUREAU OF VITAL STATISTICS

State of Idaho }
County of _____ } SS.

State File No. 269-100
Local Registrar's No. 3513-49

AFFIDAVIT FOR CORRECTION OF A RECORD

On this 1 day of Oct, 1949, before me appears Jack Wilson Love, who, upon his oath, states that the original record of ~~birth~~ death for Mrs. Mattie Belle Love, died August 13, 1949, in the State of Missouri, and which was filed at Kansas City on 12/14, 1949, should be corrected as follows:

Item No. _____ should read _____

Instead of _____

Item No. 8 should read April 18, 1867 (82 yrs)

Instead of _____

Item No. 13b should read Patricia Scraggins

Instead of _____

Item No. 14 should read Patricia Scraggins

Instead of _____

Item No. _____ should read Robert D. Love

Instead of _____

Item No. _____ should read Unknown

Instead of _____

Item No. _____ should read _____

Instead of _____

Item No. _____ should read _____

Instead of _____

Item No. _____ should read _____

Instead of _____

The above is true to the best of my knowledge, information and belief.

(SEAL)

Affiant: Jack Wilson Love Grandson
Relationship.
503 5th Ave. S.,ampa, Idaho
Present Address.

Subscribed and sworn to before me this 1 day of Oct, 1949

My Commission expires Aug 5, 1950 Joseph B. Paul Notary Public.

Affidavits containing erasures will not be accepted; draw one line through error and write above it.

S-26957