

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

**MISSOURI STATE BOARD OF HEALTH  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF DEATH**

110946  
Do not use this space.

REC'D APR 19 1939

**1. PLACE OF DEATH**

(a) County Henry Registration District No. 14  
 (b) Township Windsor Primary Registration District No. 4211 Registered No. 7  
 (c) City Windsor (d) Street No. \_\_\_\_\_ St. \_\_\_\_\_  
 (If death occurred in Hospital or Institution, write its name instead of street and number)  
 (e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

**2. PRINT FULL NAME Mrs. Maude Fisher Lovelace**

(a) Residence, No. \_\_\_\_\_ St.  (Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

**PERSONAL AND STATISTICAL PARTICULARS**

3. SEX Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE Dan W. Lovelace

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Mar. 20, 1872

7. AGE YEARS MONTHS DAYS If LESS than 1 day, .....hrs. or .....min.  
66 11 15

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. at home  
 9. Industry or business in which work was done, as saw mill, bank, etc. \_\_\_\_\_  
 10. Date deceased last worked at this occupation (month and year) \_\_\_\_\_ 11. Total time (years) spent in this occupation \_\_\_\_\_

12. BIRTHPLACE (CITY OR TOWN) St. Louis (STATE OR COUNTRY) Missouri

FATHER 13. NAME John F. Fisher

14. BIRTHPLACE (CITY OR TOWN) unknown (STATE OR COUNTRY) Missouri

MOTHER 15. MAIDEN NAME Julia A. Richards

16. BIRTHPLACE (CITY OR TOWN) unknown (STATE OR COUNTRY) Kentucky

17. INFORMANT Dan W. Lovelace (ADDRESS) Windsor, Missouri

18. BURIAL, CREMATION, OR REMOVAL PLACE Windsor, Mo. DATE Mar. 7th, 1939

19. FUNERAL DIRECTOR (NAME) Huston-Turner (ADDRESS) Windsor, Missouri

20. FILED Mar 7 1939 Local Registrar

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) March 5th, 1939

22. I HEREBY CERTIFY That I attended deceased from Feb 28 1939, to March 3 1939  
 I last saw her alive on March 5, 1939 Death is said to have occurred on the date stated above, at 5:00 p.m.  
 The principal cause of death and related causes of importance were as follows:

Cerebral hemorrhage affecting speech center Date of onset 2-26  
Influenza 8211 2-22

Other contributory causes of importance: \_\_\_\_\_  
 Name of operation \_\_\_\_\_ Date of \_\_\_\_\_  
 What test confirmed diagnosis? Clinical Was there an autopsy? Yes

23. If death was due to external causes (violence), fill in also the following:  
 Accident, suicide, or homicide? \_\_\_\_\_ Date of injury \_\_\_\_\_, 19\_\_\_\_  
 Where did injury occur? \_\_\_\_\_ (Specify city or town, county, and State)  
 Specify whether injury occurred in industry, in home, or in public place. \_\_\_\_\_  
 Manner of injury \_\_\_\_\_  
 Nature of injury \_\_\_\_\_

24. Was disease or injury in any way related to occupation of deceased? No  
 If so, specify \_\_\_\_\_  
 (Signed) [Signature] M.D.  
 (Address) Windsor, Mo.

RECEIVED

District Health Officer No. 7,

District File Number 7-39-614

Date Filed 4-15-39

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**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 *E. M. Hirston*

Licensed Embalmer No. 3391

P. O. Address Windsor, 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, above space should be left blank.**