

FILED MAY 30 1944
Registration District No. 71 B

Primary Registration District No. 3059

1. PLACE OF DEATH:
(a) County St. Francois
(b) City or town Bonne Terre
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
8 St. Joseph St
(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

3. (a) PRINT FULL NAME JANIEL WEBSTER HOVELACE
3. (b) If veteran, name war. 3. (c) Social Security No.

4. Sex MO 5. Color or race W 6. (a) Single, widowed, married, divorced, Widowed
6. (b) Name of husband or wife Maud Lovelace 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased Nov 28 1867
(Month) (Day) (Year)

8. AGE: Years 76 Months 4 Days 27 If less than one day _____ hr. _____ min.

9. Birthplace Pike Co Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation Broom Maker

11. Industry or business
12. Name Phillip Lovelace
13. Birthplace Pike Co Missouri
(City, town, or county) (State or foreign country)
14. Maiden name Minerva Sheets
15. Birthplace Indiana
(City, town, or county) (State or foreign country)

16. (a) Informant A. B. Lovelace
(b) Address Bonne Terre Mo
17. (a) Removal (b) Date thereof Apr 22 - 44
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Windsor, Mo

18. (a) Signature of funeral director Beyham Truck Co
(b) Address Bonne Terre Mo
19. (a) 4-22-44 (b) J. M. Callahan
(To be received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Henry 42
(c) City or town Windsor
(If outside city or town limits, write "RURAL")
(d) Street No. _____ (If rural, give location) _____
(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month Apr day 21
year 1944 hour 10 minute 30 M.

21. I hereby certify that I attended the deceased from Apr 21 to Apr 21, 1944 that I last saw him alive on Apr 21, 1944 and that death occurred on the date and hour stated above.

Immediate cause of death Chronic myocarditis
Due to unknown
Due to _____

Other conditions (Include pregnancy within 3 months of death)
Major findings of operations 93d
Of autopsy _____

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? _____
While at work? _____ (Specify type of place) (e) Means of injury _____
23. Signature: J. L. Evans (M. D. or other) _____
Address: Windsor, Mo Date signed 4-21-44

Duration _____
PHYSICIAN _____
Underline the cause to which death should be charged statistically.

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

1373

RECEIVED

5-13-44

District Health Officer No. 4
District File Number 544-386
Date Filed 5-13-44

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 *C. J. Claywell*
Licensed Embalmer No. 3706
P. O. Address *Conroe, Texas*

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.