

Death certificates, 1905-
Your search result for MAMIE LOVELL is below.

2004202261
DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE OF UTAH
CERTIFICATE OF DEATH

State File No. 1256
Registrar's No. 1377

10-20-42

MARGIN RESERVED FOR BINDING
N. B.—WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
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. See instructions on back of certificate.

1. PLACE OF DEATH:
(a) County Salt Lake
(b) City or town Salt Lake City
(If outside city or town limits name Precinct)
(c) Name of hospital or institution LDS Hospital
(If not in hospital or institution give street number or location)
(d) Length of stay: In hospital or institution 5 Weeks
In this community 5 Weeks (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Utah (b) County Millard
(c) City or town Oak City Utah
(If outside city or town limits write RURAL)
(d) Street No. _____ (If rural give location)
(e) If foreign born, how long in U. S. A. _____ years.

3. (a) FULL NAME Mamie Lovell
3. (b) If veteran, name war No 3. (c) Social Security No. no

4. Sex Female 5. Color or race white 6. (a) Single, widowed, married or divorced married
6. (b) Name of husband or wife Lorenzo Lovell
6. (c) Age of husband or wife if alive 64 years.
7. Birth date of deceased Aug. 6, 1894
(Month) (Day) (Year)

8. AGE Years Months Days If less than one day
47 11 12 hr. min.

9. Birthplace Oak City Utah
(City, town, or county) (State or foreign country)

10. Usual occupation At home

11. Industry or business _____

MOTHER FATHER
12. Name John E. Lovell
13. Birthplace Deseret Utah
(City, town, or county) (State or foreign country)
14. Maiden name Harriet Lyman
15. Birthplace Filmore Utah
(City, town, or county) (State or foreign country)

16. (a) Informant's own signature Plurist families
(b) Address Oak City Utah

17. (a) Removal (b) Date thereof July 20, 1942
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Oak City Utah

18. (a) Mortuary Larkin Mortuary Co.
(b) Signature of funeral director [Signature]
(c) Address Salt Lake City (d) License No. 3
(e) Was body embalmed? Yes (f) Embalmer's License No. 1393

19. (a) July 20, 1942 (b) [Signature]
(Date received local registrar) (Registrar's signature)

20. DATE OF DEATH: (Month, day, and year) July 18, 1942

21. I HEREBY CERTIFY That I attended deceased from about June 15, 1942 to July 18, 1942
I last saw her alive on July 18, 1942
death occurred on the date stated above, at _____ m. POP
Immediate cause of death Carcinomatous history several months
Due to Probable carcinoma uterine?
Due to _____
Other conditions _____
(Include pregnancy within 3 months of death)

Major findings: Dr. Ferrell Carcinoma PHB
Of operation: _____ PHB
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? _____ (e) While at work? _____
(Specify type of place)

23. Signature [Signature] July 19, 1942 Address [Address]

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