REC'D MAY 1 0 1938

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

14911
Do not use this space.

1. PLACE OF DEATH
(a) County Jasper Registration District No. 411
(b) Township Primary Registration District No. 2002 Registered No.
(c) City Joplin (d) Street No. 2402 Empire 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 James A Love, 100
(a) Residence, No. 2402 Empire 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 M
4. COLOR OR RACE W.
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Elizabeth Love
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jul 12, 1845
7. AGE YEARS 92 MONTHS 9 DAYS 12 If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.
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) (STATE OR COUNTRY) Sullivan Co MO.

FATHER
13. NAME James Love 0
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ky 1

MOTHER
15. MAIDEN NAME Francis Green 1
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Tenn

17. INFORMANT (ADDRESS) W. C. Love Joplin MO
18. BURIAL, CREMATION, OR REMOVAL Forest Park DATE 4-23-38
19. FUNERAL DIRECTOR (NAME) (ADDRESS) Hurlbut Mfg Co Joplin MO
20. FILED 4-22 1938 Ed D James Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 4-20-38

22. I HEREBY CERTIFY, That I attended deceased from 3-21, 1938 to 4-20, 1938
I last saw him alive on 3-12, 1938 Death is said to have occurred on the date stated above, at 6-45 A.M.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Chr. mot. Nephrits	
1860	
Other contributory causes of importance: Fract Lt. Hip	2/14/38

Name of operation Date of
What test confirmed diagnosis? Clinical Was there an autopsy?

23. If death was due to external causes (violence), fill in also the following:
Accident, ~~suicide, or homicide~~? Accident Date of injury 2-14, 1938
Where did injury occur? Joplin, Mo. (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. Slipped + fell in his home
Manner of injury fell in home
Nature of injury Frac. rt. hip

24. Was disease or injury in any way related to occupation of deceased?
If so, specify
(Signed) J. Achenowitz, M. D.
(Address) Joplin Mo 272

(Licensed Embalmer's Statement on Reverse Side)

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.

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 Steve Parker

Licensed Embalmer No. 2548

P. O. Address Joplin Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comp with the above constitutes grounds for revocation of license.)

If this body is not embalmed, above space should be left blank.