No. 2
13-40
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
NOV 20 1940

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 35574

Registration District No. 411 Primary Registration District No. 2002 Registrar's No.

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

1. PLACE OF DEATH:
(a) County JASPER
(b) City or town JOPLIN
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution 15th & RANGE LINE
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution No 30 (Specify whether
In this community 50 YRS. years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Mo (b) County NEWTON
(c) City or town RURAL R.R. 2
(If outside city or town limits, write "RURAL")
(d) Street No. JOPLIN MO
(If rural, give location)
(e) If foreign born, how long in U. S. A.? — years.

3. (a) PRINT FULL NAME CHAS. WARREN LOVE
3. (b) If veteran, name war NONE
3. (c) Social Security No. 702-14-7520
4. Sex MALE
5. Color or race W
6. (a) Single, widowed, married, divorced WIDOWED
6. (b) Name of husband or wife No
6. (c) Age of husband or wife if alive No years
7. Birth date of deceased DEC 4 (Month) 1873 (Day) (Year)

8. AGE: Years 66 Months 10 Days 28 If less than one day hr. min.

9. Birthplace BROOKFIELD (City, town, or county) Mo (State or foreign country)
10. Usual occupation MINISTER 9
11. Industry or business " " 9
FATHER
12. Name JAMES A. LOVE 9
13. Birthplace NO RECORD (City, town, or county) (State or foreign country)
MOTHER
14. Maiden name EMILY GREEN
15. Birthplace NO RECORD (City, town, or county) (State or foreign country)
16. (a) Informant J W Long
(b) Address R 2 Box 593 Joplin
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 11-7-40 (Month) (Day) (Year)
(c) Place: burial or cremation Forrest Park
18. (a) Signature of funeral director Heilbrunn Co
(b) Address Joplin Mo 372
19. (a) 11-7-40 (Date received local registrar) (b) Ed D James (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 11 day 2 year 1940 hour 10 minute 45 p. M.
21. I hereby certify that I attended the deceased from ..., 19..., to ..., 19...; that I last saw him dead alive on November 3, 1940 and that death occurred on the date and hour stated above.

Immediate cause of death Fracture of skull - frontal bone depressed
Due to Automobile accident - which he was a passenger
Due to Automobile went into an embankment
Other conditions —
(Include pregnancy within 3 months of death)
Major findings:
Of operations —
Of autopsy Inquest

Duration

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

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify) accident
(b) Date of occurrence November 2-1940
(c) Where did injury occur? Joplin (City or town) Jasper (County) Mo (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? on highway intersection
(Specify type of place)
While at work? no (e) Means of injury Automobile
23. Signature A. S. Winchester (M. D. or other) Coroner
Address Joplin, Mo Date signed 11-6-40

(Licensed Embalmer's Statement on Reverse Side)

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 Sam E Sensenney Jr

Licensed Embalmer No. 4099

P. O. Address Joplin Mo

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

If this body is not embalmed, fact should be so stated above.