

FILED MAY 10 1941
7/11

Registration District No. _____

Primary Registration District No. **2002**

Registrar's No. _____

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:
902 Rex Crossing /
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____
(Specify whether _____)
In this community **7 years**
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **Jasper** **49**
(c) City or town **Joplin,** **9**
(If outside city or town limits, write "RURAL")
(d) Street No. **902 Rex Crossing** **05**
(If rural, give location)
(e) If foreign born, how long in U. S. A.? **0** years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **April** day **27th**
year **1941** hour **7:15** minute **A.** M.

21. I hereby certify that I attended the deceased from **April 22**, 19**41**, to **April 25**, 19**41**,
that I last saw h^er alive on **April 25**, 19**41**,
and that death occurred on the day and hour stated above.

Immediate cause of death **Apoplexy -**
Due to **Chs. Valeris Arterio-sclerosis** **5 day**
years.

Other conditions **g30**
(Include pregnancy within 3 months of death)

Major findings:
Of operations _____
Of autopsy _____
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) **no**
(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?
372

(Specify type of injury)
While at work? _____ (e) Manner of injury
23. Signature **John Fisher** (M. D. or public health officer)
Address **Joplin Mo** Date signed **5-5-41**

3. (a) PRINT FULL NAME **Laura Frances Lovell**

3. (b) If veteran, name war **none** 3. (c) Social Security No. **none**

4. Sex **Female** 5. Color or race **White** 6. (a) Single, widowed, married, divorced, **Widowed**

6. (b) Name of husband or wife **John Lovell** 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased **October 14, 1874**
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
66 **6** **13** hr. min.

9. Birthplace **Iola, Kansas /**
(City, town, or county) (State or foreign country)

10. Usual occupation **Housewife**

11. Industry or business _____

12. Name **P. W. Fisher**

13. Birthplace **Illinois /**
(City, town, or county) (State or foreign country)

14. Maiden name **Enica Stamps**

15. Birthplace **Unknown 9**
(City, town, or county) (State or foreign country)

16. (a) Informant **John Lovell**

(b) Address **902 Rex Crossing, Joplin, Mo**

17. (a) **Burial** (b) Date thereof **4-29-41**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Forest Park Cem.**

18. (a) Signature of funeral director **Thornhill-Dillon Mort.**

(b) Address **Joplin, Missouri**

19. (a) **5-5-41** (b) **Ed B Jones**
(Date received local registrar) (Registrar's signature)

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

5209

41-5-477

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..... *David Dillon*

Licensed Embalmer No. *3898*

P. O. Address..... *Joplin, 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, fact should be so stated above.