No. 2
-1-4-41
-17-39
X26390

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED AUG 14 1941

Registration District No. 411

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 25300

Primary Registration District No. 2082

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: 705 Monroe St.
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution None (Specify whether
In this community 6 Years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Jasper 049

(c) City or town Joplin 2
(If outside city or town limits, write "RURAL")

(d) Street No. 705 Monroe
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No)
If yes, name country No

3. (a) PRINT FULL NAME James Robert Truelove

3. (b) If veteran, name war No

3. (c) Social Security No. 491-07-8937

4. Sex M 0

5. Color or race W

6. (a) Single, widowed, married, divorced Married 1

6. (b) Name of husband or wife Ollie

6. (c) Age of husband or wife if alive years

7. Birth date of deceased October (Month) 7 (Day) 1890 (Year)

8. AGE: Years 50 Months 9 Days 17 If less than one day hr. min.

9. Birthplace Arkansas 1
(City, town, or county) (State or foreign country)

10. Usual occupation Miner

11. Industry or business Mining

FATHER
12. Name Robert Truelove
13. Birthplace No Record 9
(City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Tilda Stacey
15. Birthplace No Record 9
(City, town, or county) (State or foreign country)

16. (a) Informant Ollie Truelove
(b) Address 705 Monroe Joplin Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 7-24-41 (Month) (Day) (Year)
(c) Place: burial or cremation Fairview Cemetery

18. (a) Signature of funeral director Hurlbut Und Co.
(b) Address 212 Joplin St. Joplin, Mo

19. (a) 7-24-41 (Date received local registrar) (b) Ed D James (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 24
year 1941 hour 1 minute 45 A M.

21. I hereby certify that I attended the deceased from Oct 1 1940 to July 24 1941
that I last saw him alive on July 23 1941
and that death occurred on the date and hour stated above.

Immediate cause of death Pulmonary Tuberculosis 24 Hrs

Due to

Due to 13 B

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

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)
(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?
(Specify type of place)
While at work? (e) Means of injury

23. Signature H Hurlbut (M.D. or other) 0
Address Joplin Mo Date signed 7-24-41

312 (Licensed Embalmer's Statement on Reverse Side)

41-8-683

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. Sweeney 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 wit the above constitutes grounds for revocation of license.)

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