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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

JAN 16 1942

Registration District No. 411

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 42193

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 Mo.
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: Freeman Hospital
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 1 day; In this community (years, months or days) (Specify whether)

2. USUAL RESIDENCE OF DECEASED:

(a) State: Mo. (b) County: McDonald

(c) City or town: Anderson Mo.
(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) PRINT FULL NAME: John Robert Love

3. (b) If veteran, name war: ✓

3. (c) Social Security No.: ✓

4. Sex: Males

5. Color or race: White

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

6. (b) Name of husband or wife: Anna Love

6. (c) Age of husband or wife if alive: 69 years

7. Birth date of deceased: Nov. (Month) – 9 (Day) – 1867 (Year)

8. AGE: Years 74 | Months 1 | Days 1 | If less than one day hr. min.

9. Birthplace: McDonald Co. (City, town, or county) Mo. (State or foreign country)

10. Usual occupation: Hardware Merchant

11. Industry or business: ✓

MOTHER FATHER

12. Name: John Love

13. Birthplace: ✓ (City, town, or county) Tenn. (State or foreign country)

14. Maiden name: Sarah Raby

15. Birthplace: ✓ (City, town, or county) Tenn. (State or foreign country)

16. (a) Informant: Anna Love

(b) Address: Anderson, Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 12-11-41 (Month) (Day) (Year)

(c) Place: burial ~~or cremation~~ Anderson Cemetery

18. (a) Signature of funeral director: Chas. W. Williams

(b) Address: Goodman Mo.

19. (a) 12-15-41 (Date received local registrar) (b) W D Jones (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec. day 9 year 1941 hour 12 minute 05 P.M.

21. I hereby certify that I attended the deceased from Dec. 9 – 8:30 A.M., 1941, to Dec. 9 – 12:05 P.M., 1941, that I saw him alive on Dec. 9, 1941 and that death occurred on the date and hour stated above.

Immediate cause of death: Shock – Internal hem – orrhage

Due to: Fractured skull – Compound fracture

Due to: Ruptured Spleen & Jelulia

Other conditions (Include pregnancy within 3 months of death):

Major findings: Of operations: None

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): Auto

(b) Date of occurrence: 12/9/41

(c) Where did injury occur? Anderson (City or town) McDonald (County) Mo. (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? Highway #71 – Just out of town (Specify type of place)

While at work? yes (e) Means of injury: ✓

23. Signature: A. Mitchell Gregg (M. D. or other)

Address: Neosho Mo. Date signed 12/9/41

572 (Licensed Embalmer's Statement on Reverse Side)

by E. Upham

42-1-1123.

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.....

Licensed Embalmer No.....

P. O. Address.....

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.

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

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BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 42193

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

SUPPLEMENTARY

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:
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution (Specify whether
In this community years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State (b) County

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

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

(e) Citizen of foreign country? (Yes or No)

If yes, name country

3. (a) PRINT FULL NAME John R. Love

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex M

5. Color or race W

6. (a) Single, widowed, married, divorced M

6. (b) Name of husband or wife

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

7. Birth date of deceased Nov. (Month) 9 (Day) 1867 (Year)

8. AGE: Years 74 Months 1 Days If less than one day hr. min.

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

10. Usual occupation

11. Industry or business

FATHER
12. Name
13. Birthplace (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name
15. Birthplace (City, town, or county) (State or foreign country)

16. (a) Informant

(b) Address

17. (a) (Burial, cremation, or removal) (b) Date thereof (Month) (Day) (Year)

(c) Place: burial or cremation

18. (a) Signature of funeral director

(b) Address

19. (a) (Date received local registrar) (b) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec day 9
year 1941 hour 4:00 noon ~~M.~~

21. I hereby certify that I attended the deceased from Dec 9, 1941 to Dec 9, 1941
that I last saw him alive on Dec 9, 1941
and that death occurred on the date and hour stated above.

Immediate cause of death fractured ~~[illegible]~~ skull - internal hemorrhages - compound fracture of right ulna

Due to fibrilla shock following accident

Due to

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations 17 oc - 8
21

Of autopsy

Duration 5 or 6 hours

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following: Struck by an automobile while walking [illegible] Dec 9 - 1941

(a) Accident, suicide, or homicide (specify)

(b) Date of occurrence

(c) Where did injury occur? Anderson Mo. (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? Crossing street at 6.00 a.m. (Specify type of place)

While he was? Work (e) Means of injury Struck by automobile

23. Signature Mitchell Gregg (M. D. or other)

Address Joplin Mo Date signed