

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:
American Hotel
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether
In this community 20 years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Jasper
(c) City or town Joplin
(If outside city or town limits, write "RURAL")
(d) Street No. 722 Main St. -- American Hotel
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Leonard Martin Settle
3. (b) If veteran, name war _____ 3. (c) Social Security No. 499-18-2903

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month Feb day 18
year 1944 hour 8:30 minute A M.

4. Sex Male 5. Color or race White
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Antonia Settle
6. (c) Age of husband or wife if alive 69 years
7. Birth date of deceased July 28, 1873
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____;
that I last saw him alive on _____, 19____,
and that death occurred on the date and hour stated above.

8. AGE: Years Months Days If less than one day
70 6 20
hr. min.

Immediate cause of death:
Hypertensive heart failure
Due to _____
Due to _____

9. Birthplace Higbee Missouri
(City, town, or county) (State or foreign country)
10. Usual occupation Hotel clerk

Other conditions (include pregnancy within 5 months of death) 702
Major findings:
Of operations _____
Of autopsy _____

MOTHER FATHER { 11. Industry or business _____
12. Name W. W. Settle
13. Birthplace Missouri
(City, town, or county) (State or foreign country)
14. Maiden name Lorer Burton
15. Birthplace Missouri
(City, town, or county) (State or foreign country)

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?
While at work? _____ (Specify type of place) (M. D. or other)

16. (a) Informant Mrs. Antonia Settle
(b) Address 511 N. Moffet St. Joplin
17. (a) Burial (b) Date thereof 2-18-44
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Muskogee, Oklahoma
18. (a) Signature of funeral director Hurlbut Und. Co.
(b) Address Joplin, Missouri
19. (a) 12-18-44 (b) Arthur Suedhalla
(Date received local registrar) (Registrar's signature)

23. Signature W. W. Settle (M. D. or other)
Address Carthage Mo Date signed Feb 18, 1944

44-2-165

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 *Ray K. Hurdick*

Licensed Embalmer No. *95-9*

P. O. Address *Jupiter, Fla.*

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

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