

FILED FEB 11 1946

Registration District No. 128

Primary Registration District No. 2000

Registrar's No. 56

1. PLACE OF DEATH:

(a) County Greene
(b) City or town Springfield, Mo.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: City Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 24 Hours
(Specify whether
In this community 14 Years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Greene
(c) City or town Springfield, Mo.
(If outside city or town limits, write "RURAL")
(d) Street No. 2417 W. Lincoln
(If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country.

3. (a) PRINT FULL NAME

Robert Daniel Love, Jr.

3. (b) If veteran, name war No.

3. (c) Social Security No. 500-05-9511

4. Sex Male 5. Color of race White 6. (a) Single, widowed, married, divorced Single
6. (b) Name of husband or wife None 6. (c) Age of husband or wife if alive XX years
7. Birth date of deceased June 20, 1911
(Month) (Day) (Year)

8. AGE: Years 34 Months 7 Days 0 If less than one day hr. min.

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

10. Usual occupation Furniture Store Helper

11. Industry or business

12. Name Robert Love, Sr.
13. Birthplace Concordia, Kansas
(City, town, or county) (State or foreign country)
14. Maiden name Nancy Mercer
15. Birthplace Patton Co., Mo.
(City, town, or county) (State or foreign country)

MOTHER FATHER

16. (a) Informant Mrs. Fred Fair

(b) Address 1973 Grace Ave., Spfld., Mo.

17. (a) Burial (b) Date thereof 1/23/46
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Brick Church (Cem.)

18. (a) Signature of funeral director W. L. Dunn

(b) Address Springfield, Mo.

19. (a) 1-22-46 (b) W. H. Handley
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month January day 20, year 1946 hour 8/30 minute 30 P.M.

21. I hereby certify that I attended the deceased from Jan 19 1946 to Jan 20 1946
that I last saw him alive on Jan 20 1946
and that death occurred on the date and hour stated above.

Immediate cause of death Extra dural - intracranial hemorrhage with resultant respiratory failure
Due to Fall from a moving truck (History)

Other conditions Fracture of Cranium
(Include pregnancy within 3 months of death)
Major findings: None
Of operations: None
Of autopsy: Fractured left parietal bone with intracranial hemorrhage.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify) Accident - fall from truck
(b) Date of occurrence Jan 18, 1946
(c) Where did injury occur? Springfield, Greene Co., Mo.
(City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place?
Public Square of Springfield, Mo.
While at work? Yes (Specify type of work) (e) Means of injury Fall

23. Signature R. C. Conrad, M.D. (M. D. or other) M.D.
Address 623 Woodruff Blvd Date signed 1-22-46

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

39
2
6

650

111

W

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..... *Clarence W. McRath*.....
Licensed Embalmer No. *2591-1*.....
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.

X