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FILED MAR 6 1946

Registration District No. 156

Primary Registration District No. 2007

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:
St. Johns Hospital
(If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution 3 days
(Specify whether
 In this community Lifetime
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
 (a) State Missouri (b) County Newton
 (c) City or town Joplin, Mo.
(If outside city or town limits, write "RURAL")
 (d) Street No. Rural
(If rural, give location)
 (e) Citizen of foreign country? No (Yes or No)
 If yes, name country

3. (a) PRINT FULL NAME Henry Love

3. (b) If veteran, name war - - - 3. (c) Social Security No. - - -

4. Sex Male 5. Color or race Blk 6. (a) Single, widowed, married, divorced divorced

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

7. Birth date of deceased 15 June 1877
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
68 8 1 hr. min.

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

10. Usual occupation Miner

11. Industry or business

12. Name Mo Record

13. Birthplace Mo Record
(City, town, or county) (State or foreign country)

14. Maiden name Mo Record

15. Birthplace Mo Record
(City, town, or county) (State or foreign country)

16. (a) Informant Anna Motte

(b) Address 1121 Euclid, Joplin, Mo.

17. (a) Burial (b) Date thereof. 19 Feb 1946
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Parkway Cem

18. (a) Signature of funeral director Joplin, Mo.

(b) Address 279-16

19. (a) 279-16 (b) Ed J. Jones
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month February day 16
 year 1946 hour 10 minute P M.

21. I hereby certify that I attended the deceased from Feb 7
 19 46 to Feb 16 19 46
 (that I last saw him alive on Feb 16 and that death occurred on the date and hour stated above.)

Immediate cause of death chr myocarditis Duration 3

Due to ?

Due to

Other conditions (include pregnancy within 3 months of death)

Major findings: Of operations abd 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)

(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) (c) Means of injury 0

23. Signature J. J. Jones (M. D. or other)

Address Joplin Mo Date signed 2/19/46

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

46-2-126

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 Joseph K. Hurlbert

Licensed Embalmer No. 959

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.