

No. 2
M-5-43
5-17-39
I X36671

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED DEC 10 1946
THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

37422

State File No. _____
Registrar's No. _____

Registration District No. 156 Primary Registration District No. 2001

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

1. PLACE OF DEATH:
(a) County Jasper
(b) City or town Joplin
(c) Name of hospital or institution:
St. Johns
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 6 hrs.
In this community 3 years.
years, months or days (Specify whether)

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. 502 W. Oak
(If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Luther B. Hargrave
3. (b) If veteran, name war _____
3. (c) Social Security No. _____

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month 11 day 1
year 1946 hour 7 minute 15 P.M.

4. Sex Male 5. Color or race White
6. (a) Single, widowed, married, divorced Widowed
6. (b) Name of husband or wife _____
6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased February 18 1870
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from _____, 19____, that I last saw him alive on _____, 19____, and that death occurred on the date and hour stated above.
Immediate cause of death Coronary thrombosis
Duration _____

8. AGE: Years Months Days If less than one day
76 8 13 hr. _____ min.

Due to _____
Due to _____
Other conditions (Include pregnancy within 3 months of death) _____
Major findings: Of operations § 37
Of autopsy _____

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

10. Usual occupation Laborer
11. Industry or business Flight Department
12. Name Luther Hargrave
13. Birthplace Joplin, Mo.
(City, town, or county) (State or foreign country)
14. Maiden name Rosanne Keip
15. Birthplace Joplin, Mo.
(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) (e) Means of injury _____

16. (a) Informant Mrs. Blanche Hurd
(b) Address 501 W. 13th Joplin, Mo.

17. (a) Burial (burial, cremation or removal) St. Johns Cem.
(b) Date thereof 11/3/46
(Month) (Day) (Year)
18. (a) Signature of funeral director Frank Dillion
(b) Address Joplin, Mo.
19. (a) 11/3/46 (b) Ed Janner
(Date received local registrar) (Registrar's signature)

23. Signature Ed Janner or other _____
Address 2114 Joplin Date signed 11/3/46

46-11-971

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.....

David Sillow

Licensed Embalmer No. 3898

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.