

FILED MAR 28 1947

State File No. _____

Registration District No. 136

Primary Registration District No. 2001

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:
2625 E. 8th St., /
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution. 60 years (Specify whether
In this community _____
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jasper 49
(c) City or town Joplin 2
(If outside city or town limits, write "RURAL")
(d) Street No. 2625 E. 8th St., 5
(If rural, give location)
(e) Citizen of foreign country? no (Yes or No) 0
If yes, name country _____

3. (a) PRINT FULL NAME HARVEY EDWARD IMBEAU

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

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

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

7. Birth date of deceased July 13 1881
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>65</u>	<u>7</u>	<u>7</u>	hr. _____ min. _____

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

10. Usual occupation Retired Farmer & Stockman.

11. Industry or business _____

12. Name Louis Imbeau

13. Birthplace _____ Ark. /
(City, town, or county) (State or foreign country)

14. Maiden name Melissai Brewer

15. Birthplace Grant Co. Ark. /
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Bessie Imbeau

(b) Address 2625 E. 8th St., Joplin, Mo

17. (a) Removal (b) Date thereof 2-22-47
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Hillcrest, Galena, Ks.

18. (a) Signature of funeral director Parker-Hunsaker

(b) Address 1502 Jopling Joplin, Mo.

19. (a) 2-24-47 (b) Ed [Signature]
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb. day 20
year 1947 hour 5 minute 00 AM

21. I hereby certify that I attended the deceased from March 15, 1943, to Feb 18, 1947
that I last saw him alive on Feb 18, 1947
and that death occurred on the date and hour stated above.

Immediate cause of death Heart Blood
Heart

Due to _____
Due to _____
Other conditions no (Include pregnancy within 3 months of death) 95A

Major findings: _____
Of operations _____
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) _____
(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) Means of injury _____
23. Signature Dr. W. B. [Signature] (M. D. or other) _____
Address Joplin Mo Date signed Feb 18 1947

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

MOTHER FATHER

47-3-185

JUN 16 1948

Miss
L...

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 F. M. Jones
Licensed Embalmer No. 2319
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.