

No. 300  
-10-47  
5-17-39  
I 3906

MISSOURI DIVISION OF HEALTH  
STANDARD CERTIFICATE OF DEATH

37109

FILED NOV 23 1948

State File No. \_\_\_\_\_

Registration District No. 156

Primary Registration District No. 200

Registrar's No. \_\_\_\_\_

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

1. PLACE OF DEATH: **Jasper**

(a) County **Jasper**

(b) City or town **Joplin, Mo.**  
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:  
**20th Street and Murphy Blvd. 3**  
(If not in hospital or institution, write street number or location)

(d) Length of stay: **All his life** (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **Newton** **73**

(c) City or town **Rural** **0**  
(If outside city or town limits, write "RURAL")

(d) Street No. **RFD 2, Joplin, Mo.** **0**  
(If rural, give location)

(e) Citizen of foreign country? **No.** (Yes or No)

If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME **Joseph W. Love**

3. (b) If veteran **W.W.1** name war \_\_\_\_\_

3. (c) Social Security No. **491-01-1822**

4. Sex **Maled** 5. Color of race **White**

6. (a) Single, widowed, married, divorced **Married**

6. (b) Name of husband or wife **Bessie Love**

6. (c) Age of husband or wife if alive **44** years

7. Birth date of deceased **Aug. 11, 1898**  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day

50	2	24	hr. min.
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9. Birthplace **Joplin, Missouri** **0**  
(City, town, or county) (State or foreign country)

10. Usual occupation **Mechanic**

11. Industry or business **Automobile**

MOTHER FATHER { 12. Name **Charles W. Love** **0**

13. Birthplace **Macon County Missouri**  
(City, town, or county) (State or foreign country)

14. Maiden name **Mattie May Walker**

15. Birthplace **Webb City, Missouri**  
(City, town, or county) (State or foreign country)

16. (a) Informant **Mrs. Bessie Love**

(b) Address **RFD 2, Box 243, Joplin, Mo.**

17. (a) **Burial** (b) Date thereof **11/9/48**  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Forest Park Cemetery**  
**Barlout-Glover**

18. (a) Signature of funeral director \_\_\_\_\_

(b) Address **424 Sergeant Ave, Joplin**

19. (a) **11-9-48** (b) \_\_\_\_\_  
(Date received local registrar) (City, town, or county) (Signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Nov.** day **5th**  
year **1948** hour **4** minute **30 P** M.

21. I hereby certify that I attended the deceased from **11-7-48** to **11-9-48**; that I last saw him alive on **11-7-48** and that death occurred on the date and hour stated above.

Immediate cause of death **Broken Neck**

Due to **Internal Hemorrhage**

Due to **Car Accident**  
**20th & Murphy Blvd.**

Other conditions **None**  
(Include pregnancy within 3 months of death)

Major findings:  
Of operations \_\_\_\_\_  
Of autopsy **170 28**

PHYSICIAN **John Dr. [Signature]**

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) **accident**

(b) Date of occurrence **11/5/48**

(c) Where did injury occur? **Joplin Jasper Mo.**  
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, or industrial place, in public place?  
**Public Place - Hwy 29 - 11**  
(Specify type of place) (e) Means of injury **Car**

23. Signature **A. S. Benfelt** (M. D. or other) **202**  
**2114 Joplin** Date signed **11/8/48**

NOV 6 1949

**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 *Edna M. King*

Licensed Embalmer No. *30766*

P. O. Address *Daphn 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.**