

JAN 15 1938

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

44759
Do not use this space.

1. PLACE OF DEATH
(a) County Buchanan Registration District No. 85
(b) Township _____ Primary Registration District No. 100A
(c) City St. Joseph (d) Street No. St. Joseph's Hospital Registered No. 1364
(If death occurred in Hospital or Institution, write its name instead of street and number)
(e) Length of residence in city or town where death occurred 50 yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Ivess Jolly
(a) Residence, No. 4635 King Hill Ave. St.
(Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Divorced

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Charles S. Jolly

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jan. 15, 1875

7. AGE YEARS MONTHS DAYS If LESS than 1 day,hrs. ormin.
62 10 28

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Housewife
9. Industry or business in which work was done, as saw mill, bank, etc. Own home
10. Date deceased last worked at this occupation (month and year) _____ 11. Total time (years) spent in this occupation _____

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown
Virginia

FATHER 13. NAME J. A. Smith

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown
Virginia

MOTHER 15. MAIDEN NAME Nanie Camper

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown
Virginia

17. INFORMANT Orman Gilbert
(ADDRESS) 4635 King Hill Ave.

18. BURIAL, CREMATION, OR REMOVAL Cremation
PLACE Kansas City, Mo. DATE Dec. 16, 1937

19. FUNERAL DIRECTOR Clark Mortuary
(ADDRESS) 5025 King Hill Ave.

20. FILED 12/15 1937 H. H. Northcutt
Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec. 13, 1937

22. I HEREBY CERTIFY, That I attended deceased from 12-5, 1937, to 12-13, 1937.
I last saw her alive on 12/13/37 Death is said to have occurred on the date stated above, at 8:00 p.m.
The principal cause of death and related causes of importance were as follows:

Coronary Hemorrhage
820
Hypertension
Other contributory causes of importance: _____
Name of operation None Date of _____
What test confirmed diagnosis? Chemical Was there an autopsy? No

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? _____ Date of injury _____, 19____
Where did injury occur? _____ (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. _____

Manner of injury _____
Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? No
If so, specify _____
(Signed) C. S. Branson, M.D.
(Address) 212 Delaplace Bldg.

WRITE PLAINLY, WITH UNFADING INK--THIS IS A PERMANENT RECORD

50M-7-37 1 X12004

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

STATEMENT BY LICENSED EMBALMER

I, Earl A. Clark, Licensed Embalmer No. 3476

hereby certify that the body recorded on the reverse side of this certificate was embalmed by Earl A. Clark

L. E.

No. 3476 or by _____, Registered Apprentice No. _____
working under my personal supervision.

Signed

Earl A. Clark

Licensed Embalmer No. 3476

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.)