

REC'D SEP 14 1938

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

28346

Do not use this space.

1. PLACE OF DEATH

(a) County Buchanan Registration District No. 85
(b) Township St. Joseph Primary Registration District No. 1001 Registered No. 1838
(c) City St. Joseph (d) Street No. St. Joseph's Hospital St.
(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 yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Joy Elaine Mace

(a) Residence, No. 6310 Brown St. St. (If nonresident, give city or town and State)
(Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

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

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Infant

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) April 29, 1937

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
1 3 12

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

12. BIRTHPLACE (CITY OR TOWN) St. Joseph 0
(STATE OR COUNTRY) Missouri 0

FATHER 13. NAME Homer Mace
14. BIRTHPLACE (CITY OR TOWN) Trenton 0
(STATE OR COUNTRY) Missouri 0

MOTHER 15. MAIDEN NAME Lorene Teschner
16. BIRTHPLACE (CITY OR TOWN) St. Joseph
(STATE OR COUNTRY) Missouri

17. INFORMANT (ADDRESS) Homer Mace
6310 Brown St.

18. BURIAL, CREMATION, OR REMOVAL PLACE Odd Fellows Cem. DATE Aug. 12, 1938

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

20. FILED Aug. 17, 1938 H. J. Neelbach
Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 8/11 1938

22. I HEREBY CERTIFY, That I attended deceased from 8/9 to 8/11
I last saw her alive on 8/10 Death is said to have occurred on the date stated above, at 10 A.M.
The principal cause of death and related causes of importance were as follows:

Diarhhea, acute Date of onset 11/9/38

Other contributory causes of importance:

Name of operation _____ Date of _____
What test confirmed diagnosis? Cerebral 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) H. J. Neelbach, M. D.
(Address) 706 Francis

WHILE PLAINLY, WITH WRITING IN THIS IS A PERMANENT RECORD
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
myself

hereby certify that the body recorded on the reverse side of this certificate was embalmed by

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.)