V. S. No. 2
M—11-10-39
Rev. 5-17-39
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED MAR 11 1940

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 5967

Registration District No. 85 — Primary Registration District No. 1001 — Registrar's No. 168

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

1. PLACE OF DEATH:

(a) County Buchanan

(b) City or town Saint Joseph (If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: Saint Joseph Hospital (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution (Specify whether

In this community years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Buchanan

(c) City or town Saint Joseph (If outside city or town limits, write "RURAL")

(d) Street No. 224 East Hyde Park (If rural, give location)

(e) If foreign born, how long in U. S. A.? years.

3. (a) PRINT FULL NAME James ~~Garfield~~ Joyner

3. (b) If veteran, name war

3. (c) Social Security No. None

4. Sex Male

5. Color or race White

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

6. (b) Name of ~~husband~~ or wife Mrs. Clara Joyner

6. (c) Age of ~~husband~~ or wife if alive 58 years

7. Birth date of deceased November (Month) 29 (Day) 1880 (Year)

8. AGE: Years 59 Months 2 Days 14 If less than one day hr. min.

9. Birthplace Saint Joseph, (City, town, or county) Missouri (State or foreign country)

10. Usual occupation Shoemaker

11. Industry or business

FATHER
12. Name Thomas Joyner
13. Birthplace Brestate (City, town, or county) England (State or foreign country)

MOTHER
14. Maiden name Armina Reneau
15. Birthplace Saint Joseph, (City, town, or county) Missouri (State or foreign country)

16. (a) Informant Jack Joyner
(b) Address Wathena Kansas

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Febr. 16, 1940 (Month) (Day) (Year)
(c) Place: burial or cremation Ashland Cemetery

18. (a) Signature of funeral director E. K. Sidenfaden
(b) Address 602 South 10th Street 85

19. (a) 2/16/40 (Date received local registrar) (b) H. J. Mettlebush (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan day 13 year 1940 hour 2:38 minute P M.

21. I hereby certify that I attended the deceased from 2-7-40, 19, to 2-13-, 1940, that I last saw him alive on 2-13, 1940, and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: multiple lung abscess with Bronchopneumonia	
Due to Diabetes mellitus	
Cardiac hypertrophy	
Due to Chronic emphysema	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations	
Of autopsy see above	

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? (Specify type of place)
While at work? (e) Means of injury

23. Signature Owen W. Clare (M. D. or other) MD
Address KIRKPATRICK BLDG St. Jo. Date signed

(Licensed Embalmer's Statement on Reverse Side)

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

Hollie E. Sidenfader, Registered Apprentice No. 145

working under my personal supervision.

Signed R V West

Licensed Embalmer No. 3876

P. O. Address St. Joseph 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, above space should be left blank.