

MAY 13 1940 85
Registration District No.

Primary Registration District No. 1001

Registrar's No. 434

1. PLACE OF DEATH:

(a) County Buchanan
(b) City or town St. Joseph
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: St. Joseph's Hospital.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 2 days (Specify whether
In this community years, months or days) 11 mo

3. (a) PRINT FULL NAME James Frederick Jolley.

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

7. Birth date of deceased April 12, 1940.
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
0 0 2 hr. min.

9. Birthplace St. Joseph, Mo.
(City, town, or county) (State or foreign country)

10. Usual occupation Child

11. Industry or business _____

MOTHER FATHER { 12. Name James Jolley Jr. 1
13. Birthplace Oberlin Kansas. (State or foreign country)
14. Maiden name Mary Belle Clark 1
15. Birthplace Omaha, Nebraska. (State or foreign country)

16. (a) Informant James Jolley Jr.
(b) Address 831 Harmon St.

17. (a) Rushville Cemetery Date thereof April 15, 1940.
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Rushville, Mo.

18. (a) Signature of funeral director Fred Clark

(b) Address 5025 King Hill Ave. St. Joseph, Mo.

19. (a) April 15 1940 (b) [Signature]
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Buchanan
(c) City or town St. Joseph
(If outside city or town limit write "RURAL")
0 831 Harmon St.
(d) Street No. (If rural, give location)
(e) If foreign born, how long in U. S. A. _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 14, 1940.
year 5 hour 09 minute A.M.

21. I hereby certify that I attended the deceased from 4-12-40, 1940, to 4-14-40, 1940;
that I last saw him alive on 4-14-40, 1940;
and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral hemorrhage
Due to laceration of anterior
Due to 16 1/2"

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations _____
Of autopsy Cerebral hemorrhage

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? _____ Means of injury _____
23. Signature Robert J. Jernstedt, M.D. (M. D. or other)
Address Mr. W. H. Hoop Date signed 4-15-40

Duration

From birth

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

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 me
....., Registered Apprentice No.
working under my personal supervision.

Signed Fred J. Clark

Licensed Embalmer No. 1273

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.