

S. No. 2
-11-10-39
5-47-39
21492

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

17933

State File No. _____

Registration District No. 85

Primary Registration District No. 1001

Registrar's No. 579

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

1. PLACE OF DEATH:
 (a) County Buchanan
 (b) City or town St. Joseph
 (c) Name of hospital or institution:
108 N. 2nd Street
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution None
 (Specify whether years, months or days)
 In this community 9 years.

8. (a) PRINT FULL NAME Joy Devoe
 3. (b) If veteran, name war None
 3. (c) Social Security No. None

4. Sex Male
 5. Color or race White
 6. (a) Single, widowed, married, divorced Unknown
 6. (b) Name of husband or wife Clara C. ?????
 6. (c) Age of husband or wife if alive Unknown years
 7. Birth date of deceased August 17, 1876.
 (Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>63</u>	<u>9</u>	<u>6</u>	hr. _____ min.

9. Birthplace Unknown Ohio
 (City, town, or county) (State or foreign country)

10. Usual occupation None

11. Industry or business (Blind)

MOTHER FATHER
 { 12. Name Unknown
 { 13. Birthplace Unknown Unknown
 { (City, town, or county) (State or foreign country)
 { 14. Maiden name Unknown
 { 15. Birthplace Unknown Unknown
 { (City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Bradley (Case Worker)

(b) Address Social Security Comm. of Mo. Community Hall, St. Joseph, Mo.

17. (a) Burial
 (Burial, cremation, or removal)
 (b) Date thereof May 25, 1940
 (Month) (Day) (Year)
 (c) Place: burial or cremation City Cemetery.

18. (a) Signature of funeral director Norman W. J. Depledge

(b) Address 1802 Union Str. St. Joseph, Mo.

19. (a) May 25, 1940 (b) A. H. Hestelquist
 (Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
 (a) State Missouri (b) County Buchanan
 (c) City or town St. Joseph
 (If outside city or town limits write "RURAL")
 (d) Street No. 108 N. 2nd Street,
 (If rural, give location)
 (e) If foreign born, how long in U. S. A. _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 23rd
 year 1940 viewed 11 minute 30 P. M.

21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____; that I last saw _____ on _____, 19____; and that death occurred on the date and hour stated above.

Immediate cause of death Mitral Insufficiency

Due to _____

Due to _____

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

Major findings: Of operations _____
 Of autopsy none

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? _____

85 While at work? _____ (Specify type of place)
 (e) Means of injury Coroner
 23. Signature A. W. Padgett (M. D. or other) S
 Address King Hill Bldg Date signed 6/1/40

Duration
 PHYSICIAN
 Underline the cause to which death should be charged statistically.

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 *Albert R. Harrington*

Licensed Embalmer No. 3258

P. O. Address St. Joseph, Missouri

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.