

No. 2  
-13-40  
-17-39  
X23159

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

24645

Registration District No. 85

Primary Registration District No. 1001

State File No. \_\_\_\_\_

Registrar's No. 768

1. PLACE OF DEATH:

(a) County Buchanan

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

(c) Name of hospital or institution: St. Joseph Hospital 12th & Franklin  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 5 days  
(Specify whether in this community 2.2 yrs in Paducah Ky years, months or days) Marquette Mo.

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Madaway

(c) City or town Marquette Missouri  
(If outside city or town limits, write "RURAL")

(d) Street No. \_\_\_\_\_  
(If rural, give location)

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

3. (a) PRINT FULL NAME Mrs. Howard Ralph Juvenal

3. (b) If veteran, name war \_\_\_\_\_ 3. (c) Social Security No. None

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 16 year 1940 hour 8 minute 10 a.m.

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Married

(b) Name of husband or wife Sarah Elizabeth Brown J. Juvenal 6. (c) Age of husband or wife if alive ? years

7. Birth date of deceased Nov 3 1888  
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from July 17, 1940 to July 16, 1940  
that I last saw him alive on July 16, 1940  
and that death occurred on the date and hour stated above.

8. AGE: Years Months Days If less than one day

51 51 8 13 hr. min.

Immediate cause of death Pulmonary Thrombosis

Due to \_\_\_\_\_

Due to \_\_\_\_\_

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

10. Usual occupation Orthopedic Physician

Other conditions (Include pregnancy within 3 months of death) III B

Major findings: Of operations X

Of autopsy ✓

MOTHER FATHER

12. Name James A. Juvenal

13. Birthplace Upper Sandusky Ohio  
(City, town, or county) (State or foreign country)

14. Maiden name Ernetta Smith

15. Birthplace Upper Sandusky Ohio  
(City, town, or county) (State or foreign country)

PHYSICIAN \_\_\_\_\_

Underline the cause to which death should be charged statistically.

16. (a) Informant Mrs HR Juvenal

(b) Address Marquette Mo 8125 main

17. (a) Burial (b) Date thereof July 20 1940  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Capt Hill Upper Sandusky Ohio

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? Yes

18. (a) Signature of funeral director Campbell Funeral Home

(b) Address 951 South Main Marquette Mo

19. (a) July 18 1940 (b) W E Hurlbush  
(Date received local registrar) (Registrar's signature)

23. Signature W E Hurlbush (Specify type of place) 3  
Address St Joseph Mo. (e) Means of injury \_\_\_\_\_  
Date signed 7-16-40

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.....

*W. H. Campbell*....., Registered Apprentice No. ....  
working under my personal supervision.

Signed *W. H. Campbell*.....

Licensed Embalmer No. *2620*.....

P. O. Address *Murphy, N.C.*.....

**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, fact should be so stated above.**