

WHITE PENCIL—USE VANADING BLACK INK—MAKE 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.

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. **27863**

Registration District No. **40**

Primary Registration District No. **5058**

Registrar's No. **39**

1. PLACE OF DEATH:

(a) County **Barton**
 (b) City or town **Lamar (rural)**
(If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution:
(If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution **54 yrs**
(Specify whether years, months or days)
 In this community **54 yrs**
(Specify whether years, months or days)

3. (a) PRINT FULL NAME **Estelle Joyce**
 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 **Married**
 6. (b) Name of husband or wife **Ethel S. Joyce**
 6. (c) Age of husband or wife if alive _____ years
 7. Birth date of deceased **June 6 1886**
(Month) (Day) (Year)

8. AGE: Years **54** Months **2** Days **6**
If less than one day hr. min.

9. Birthplace **Barton County, Missouri**
(City, town, or county) (State or foreign country)

10. Usual occupation **Farmer**

11. Industry or business _____

MOTHER FATHER { 12. Name **Arch Joyce**
 13. Birthplace **9**
(City, town, or county) (State or foreign country)

MOTHER FATHER { 14. Maiden name **Sara Jane Means**
 15. Birthplace **Shelby County, Indiana**
(City, town, or county) (State or foreign country)

16. (a) Informant's own signature **Mrs Ethel Joyce**
 (b) Address **Lamar RFD #6**

17. (a) **Burial**
(Burial, cremation, or removal) (b) Date thereof **8-15-1940**
(Month) (Day) (Year)
 (c) Place: burial or cremation **Lake Cemetery**

18. (a) Signature of funeral director **Konantz Funeral Home**
 (b) Address **Lamar, Mo.**

19. (a) **Aug 15 1940**
(Date received local registrar) (b) **Ma Josephine Konantz**
(Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **Barton**
 (c) City or town **Lamar (Rural)**
(If outside city or town limits, write "RURAL")
 (d) Street No. **R. F. D. #6**
(If rural, give location)
 (e) If foreign born, how long in U. S. A. _____ years

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **August** day **13th**
 year **1940** hour **8** minute **30** P. A. M.

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

Immediate cause of death **Heart condition.** Duration _____
I had never examined this man.
He fell over dead while standing
talking to other members of family
 Due to _____

Due to _____

Other conditions _____
(Include pregnancy within 3 months of death)

Major findings: _____
 Of operations _____

Of autopsy _____

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? **40**
(Specify type of place) (e) Means of injury _____

23. Signature **C. E. Duestel** (M. D. or other) **M.D.**
 Address **Lamar Mo.** Date signed **8/15/40**

Carner Barton Co

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.....

Carl J. Kovantz

Licensed Embalmer No.....2247.....

P. O. Address.....Lamar, 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.