

Registration District No. 399

Primary Registration District No. 1002

1. PLACE OF DEATH:

(a) County Jackson
(b) City or town Kansas City Mo.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
St. Marys Hospital. U
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether
In this community 47 Yrs. years, months or days)

3. (a) PRINT FULL NAME Julia Jennie JOYCE.

3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex Female 5. Color or race White
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Walter P. Joyce 6. (c) Age of husband or wife if alive 69 years
7. Birth date of deceased N July 24th, 1873
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
67 9 7 hr. min.

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

10. Usual occupation At Home

11. Industry or business _____

MOTHER FATHER { 12. Name John Kapiton.
13. Birthplace Europe
(City, town, or county) (State or foreign country)
14. Maiden name Miss Fisher
15. Birthplace Europe
(City, town, or county) (State or foreign country)

16. (a) Informant Walter P. Joyce.
(b) Address 2039 Hardesty Ave. City.

17. (a) Burial (b) Date thereof 5/3/41
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation St. Marys Cemetery.

18. (a) Signature of funeral director Melody-McGilley
(b) Address K. C. Mo.

19. (a) May 2, 1941 (b) M. M. Crown
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson
(c) City or town Kansas City Mo.
(If outside city or town limits, write "RURAL")
(d) Street No. 2039 Hardesty Ave.
(If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 12
year 1941 hour _____ minute 15 A.M.

21. I hereby certify that I attended the deceased from Apr 8th 1941, to Apr 30 1941;
that I last saw her alive on Apr. 30 - 1941;
and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral Thrombosis 4-24-41 Duration
Due to Arterial disease

Other conditions Myocardites 16 yrs
(Include pregnancy within 3 months of death)

Major findings: 93rd 93rd PHYSICIAN
Of operations _____
Of autopsy _____
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?

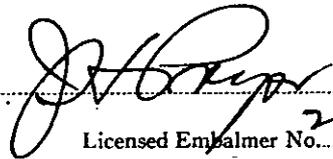
While at work? _____ (Specify type of place) (e) Means of injury _____
23. Signature Allen L. Hearst (M. D. or other) MD
Address 1100 Park Bldg Date signed 5-1-41

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.....
....., Registered Apprentice No. 267
working under my personal supervision.

Signed.....



Licensed Embalmer No. 2889

P. O. Address..... AC

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.