

FILED JUN 10 1941

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

17291  
State File No. \_\_\_\_\_  
Registrar's No. 1953

Registration District No. 397 Primary Registration District No. 1002

1. PLACE OF DEATH:  
(a) County Jackson  
(b) City or town Kansas City  
(c) Name of hospital or institution: 1610 Wabash /  
(d) Length of stay: In hospital or institution 60 years  
In this community 60 years

3. (a) PRINT FULLNAME William Douglas Joslin  
(b) If veteran, name war No (c) Social Security No. No.

4. Sex Male (1) 5. Color or race White 6. (a) Single, widowed, married, divorced Widowed (2)  
6. (b) Name of husband or wife Mattie M. Joslin 6. (c) Age of husband or wife if alive \_\_\_\_\_ years  
7. Birth date of deceased March 23, 1859

8. AGE: Years Months Days If less than one day  
82 1 23 hr. min.

9. Birthplace New Jersey (1) (State or foreign country)

10. Usual occupation Stationary Engineer

11. Industry or business \_\_\_\_\_

MOTHER FATHER { 12. Name No Record  
13. Birthplace No Record (9) (State or foreign country)  
14. Maiden name No Record  
15. Birthplace No Record (9) (State or foreign country)

16. (a) Informant Luther J. Robinson (b) Address Oak Grove, Missouri

17. (a) Burial (c) Date thereof 5/18/41  
(b) Address Oak Grove, Mo.

18. (a) Signature of funeral director Mrs. C. L. Forster  
(b) Address 918 Brooklyn Avenue

19. (a) Date received/local registrar May 18 1941 (b) M. D. Browne (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:  
(a) State Missouri (b) County Jackson 4/8  
(c) City or town Kansas City 3  
(d) Street No. 1610 Wabash 8  
(e) If foreign born, how long in U. S. A. 0 years

MEDICAL CERTIFICATION  
20. DATE OF DEATH: Month 5 Day 16-41  
year \_\_\_\_\_ hour \_\_\_\_\_ minute 17:30 P. M.

21. I hereby certify that I attended the deceased from \_\_\_\_\_ 19 \_\_\_\_\_  
that I last saw \_\_\_\_\_ alive on \_\_\_\_\_ 19 \_\_\_\_\_  
and that death occurred on the date and hour stated above.

Immediate cause of death: Acute Pulmonary Edema  
Due to: Hypertensive myocardial  
Died at: Doctor's Office  
Other conditions: (Include pregnancy within 3 months of death) 92.02

Major findings: Of operations: 92.02  
Of autopsy: 92.02

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) (b) Means of injury \_\_\_\_\_  
23. Signature Russell W. Jones (M. D. or other)  
Address \_\_\_\_\_ Date signed \_\_\_\_\_

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

18  
9  
8

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 *Me*

Registered Apprentice No. \_\_\_\_\_

working under my personal supervision.

Signed *J. Clark Sheppard*

Licensed Embalmer No. *4179*

P. O. Address *Kansas City, 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, fact should be so stated above.**