

S. No. 2  
-1-4-41  
5-17-39  
P1 X26390

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

31767

State File No. ....

FILLED OCT 7 1941

Registration District No. 408

Primary Registration District No. 3020

Registrar's No. 135

1. PLACE OF DEATH:

(a) County Jasper  
(b) City or town Carthage, Mo.  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
McCune-Brooks Hospital  
(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  
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jasper  
(c) City or town Carthage  
(If outside city or town limits, write "RURAL")  
(d) Street No. 222 N. Garrison Ave.  
(If rural, give location)  
(e) Citizen of foreign country? No. (Yes or No)  
If yes, name country

3. (a) PRINT FULL NAME CARROLL ROLLAND JOYCE

3. (b) If veteran, name war None (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 Nellie Weddell Joyce 6. (c) Age of husband or wife if alive 67 years  
7. Birth date of deceased Oct. 15, 1871  
(Month) (Day) (Year)

8. AGE: Years 69 Months 11 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 Custodian- Baptist Church

11. Industry or business

MOTHER FATHER { 12. Name Arch Joyce  
13. Birthplace X Ind. (City, town, or county) (State or foreign country)  
14. Maiden name Jane Means  
15. Birthplace X Ind. (City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Nellie Joyce

(b) Address 222 N. Garrison Ave., Carthage, Mo.

17. (a) Burial (b) Date thereof 9-23-41  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Lake Cemetery

18. (a) Signature of funeral director Ed. C. Ulmer

(b) Address 1208 Garrison, Carthage, Mo.

19. (a) Sept. 22, 1941 (b) E. J. M. Intina, M.D.  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept. day 21, year 1941 hour 2:30 minute P. M.

21. I hereby certify that I attended the deceased from March 1941 to 9-21-41  
that I last saw him alive on 9-21-41 and that death occurred on the date and hour stated above.

Immediate cause of death: Pulmonary embolus  
Due to Post op 1st stage prostatectomy  
Other conditions 1376

Major findings: Of operations 1st stage prostatectomy - cystostomy  
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 10  
(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?

23. Signature W. Russell Smith M.D.  
Address Carthage, Mo. Date signed 9-22-41

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

19  
1  
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OCT 6 1944

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**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.....  
Licensed Embalmer No.....  
P. O. Address.....

**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.**