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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED NOV 28 1941

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

39066

State File No.

Registration District No. 668 Primary Registration District No. 3032 Registrar's No. 329

1. PLACE OF DEATH:
(a) County Pettis Co.
(b) City or town Sedalia, Mo.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Bothwell Memo. Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 10 Days (Specify whether
In this community 10 Days
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Mo (b) County Johnson 51
(c) City or town Holden, Mo. 1
(If outside city or town limits, write "RURAL") 0
(d) Street No.
(If rural, give location) 1
(e) If foreign born, how long in U. S. A.? years.

3. (a) PRINT FULL NAME Mary Ellen Joy
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 John H. Joy
6. (c) Age of husband or wife if alive 70 years
7. Birth date of deceased April (Month) 4th (Day) 1874 (Year)

8. AGE: Years 67 Months 7 Days 6 If less than one day hr. min.

9. Birthplace Johnson Co. (City, town, or county) - Mo. (State or foreign country)
10. Usual occupation Housewife
11. Industry or business
FATHER
12. Name S. B. Kinder
13. Birthplace Kentucky (City, town, or county) (State or foreign country)
MOTHER
14. Maiden name Mary Ellen McClurey
15. Birthplace Holden, Mo (City, town, or county) (State or foreign country)
16. (a) Informant John M. Joy
(b) Address Holden, Mo
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 11/13/41 (Month) (Day) (Year)
(c) Place: burial or cremation Pittsville, Mo.
18. (a) Signature of funeral director T. W. Goodman
(b) Address Holden, Mo
19. (a) 11/11/41 (Date received local registrar) (b) Mrs. Harry Sneed (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov. day 11th year 1941 hour 3 minute 35 A.M.

21. I hereby certify that I attended the deceased from Oct. 30 - 1941, to Nov. 11th 1941; that I last saw her alive on Nov. 11th 1941; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Coronary Embolism	5 minutes
Due to Endo-Carditis	
Due to	
Other conditions (Include pregnancy within 3 months of death)	

92d

Major findings:
Of operations Operation for Cystocele and perineorraphy
Of autopsy No 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?
(Specify type of place)
While at work? (e) Means of injury 0

23. Signature M. P. Sly (M. D. or other)
Address Sedalia Mo Date signed 11-11-41

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
.strict Health Officer No. 8,
istrict File Number .....
Date Filed .....

RECEIVED
.strict Health Officer No. 8,
istrict File Number .....
Date Filed 11-24-41

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 wi the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.