S. No. 2
M—1-4-41
v. 5-17-39
I X26390

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED APR 10 1942

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 10683

Registration District No. 272 Primary Registration District No. 5380 Registrar's No. 24

34

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

1. PLACE OF DEATH:

(a) County Douglas
(b) City or town Ava Finley Ct
(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 (Specify whether
In this community years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Douglas 34
(c) City or town Ava Rural
(If outside city or town limits, write "RURAL")
(d) Street No. Route
(If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Porter A. Joslin

3. (b) If veteran, name war
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 Edna C. Joslin
6. (c) Age of husband or wife if alive 76 years
7. Birth date of deceased November (Month) 16 (Day) 1864 (Year)

8. AGE: Years 77 Months 4 Days 2 If less than one day hr. min.

9. Birthplace Lockport, Ind. (City, town, or county) (State or foreign country)
10. Usual occupation Farmer
11. Industry or business

FATHER
12. Name J. F. Joslin
13. Birthplace Ind. (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Mary Andrus
15. Birthplace Ind. (City, town, or county) (State or foreign country)

16. (a) Informant E. H. Joslin
(b) Address Route Ava, Missouri
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 3-22-42 (Month) (Day) (Year)
(c) Place: burial or cremation Ava
18. (a) Signature of funeral director Clinkingbeard Funeral Home
(b) Address Ava, Missouri
19. (a) 4-8-42 (Date received local registrar) (b) Thelma S. Waters (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 18 year 1942 hour 1 minute AM.
21. I hereby certify that I attended the deceased from March 17, 1942, to March 18, 1942; that I last saw him alive on March 17, 1942; and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Coronary Heart disease	1 wk
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death) 94a	

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? (Specify type of place)
(e) Means of injury
While at work?

23. Signature R M Norman (M. D. ~~or other~~) 3/31/42
Address Date signed

(Licensed Embalmer's Statement on Reverse Side)

Dr. R. M. Norman

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 W B Hutchison

Licensed Embalmer No. 3431

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.