V. S. No. 2
DM—9-4-41
Rev. 5-17-39
I X29484

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED MAY 23 1942

Registration District No. 55

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 6262

State File No. 15031

Registrar's No. 13

72
0
0

1. PLACE OF DEATH:

(a) County New Madrid

(b) City or town Gideon "Rural"
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: Anderson Home
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution ..... (Specify whether
In this community 10 yr.
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County New Madrid 72

(c) City or town Gideon Mo. "Rural" 0
(If outside city or town limits, write "RURAL") 0

(d) Street No. —
(If rural, give location)

(e) Citizen of foreign country? — (Yes or No)

If yes, name country —

3. (a) PRINT FULL NAME Arthur Joyner

3. (b) If veteran, name war —

3. (c) Social Security No. —

4. Sex Male

5. Color or race White

6. (a) Single, widowed, married, divorced W

6. (b) Name of husband or wife Flora Joyner

6. (c) Age of husband or wife if alive 39 years

7. Birth date of deceased June - 22 - 1896
(Month) (Day) (Year)

8. AGE: Years 45 Months 10 Days 5 If less than one day ..... hr. ..... min.

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

10. Usual occupation Farming

11. Industry or business

FATHER
12. Name Thomas Joyner
13. Birthplace Tenn /
(City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Sarah Hart
15. Birthplace Tenn /
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs Flora Joyner
(b) Address Gideon Mo Rural

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 4-23-42
(Month) (Day) (Year)
(c) Place: burial or cremation Mt. Gilead Cem.

18. (a) Signature of funeral director Landers F. Home
(b) Address Campbell Mo.

19. (a) April 22 - 1 (b) Jude Macom
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 21
year 1942 hour 3 minute a. M.

21. I hereby certify that I attended the deceased from April 19th, 19..., to ....., 19...
that I last saw him alive on 4 - 19, 1942
and that death occurred on the date and hour stated above.

Immediate cause of death Pulmonary Hemorrage

Due to .....

Due to Pulmonary T.B.

Other conditions .....
(Include pregnancy within 3 months of death)

Major findings:
Of operations .....

Of autopsy .....

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

13 B 1

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 .....

23. Signature Geo. Fulkerson (M. D. or other)

Address Gideon Date signed 4-27-42

538

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Office No. 2
District File Number 542-641
Date Filed 5-20-42

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.