

FILED NOV 19 1942

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

36275

State File No.

Registration District No. 149

Primary Registration District No. 1002

Registrar's No. 4171

1. PLACE OF DEATH:

(a) County Jackson
(b) City or town Kansas City
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
St. Joseph's Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 2 days
(Specify whether
In this community 66 years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson
(c) City or town Kansas City
(If outside city or town limits, write "RURAL")
(d) Street No. 1103 Westport
(If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country 0

3. (a) PRINT FULL NAME MICHAEL C. JOY

3. (b) If veteran, name war No 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 Selma Joy 6. (c) Age of husband or wife if alive unk. years

7. Birth date of deceased August 29, 1876
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
66 2 8 hr. min.

9. Birthplace Kansas City Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation Fireman

11. Industry or business

MOTHER FATHER { 12. Name John Joy
13. Birthplace Ireland
(City, town, or county) (State or foreign country)
14. Maiden name Honorah Connors
15. Birthplace Ireland
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Selma Joy
(b) Address 1103 Westport

17. (a) Burial (b) Date thereof 11-10-1942
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Forest Hill Cemetery

18. (a) Signature of funeral director Paula Robinson

(b) Address 20 West Lindwood

19. (a) 11-9-42 (b) M. M. Crowe
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov day 7
year 1942 hour 10 minute A M.

21. I hereby certify that I attended the deceased from Nov 6
1942 to Nov 7 1942
that I last saw him alive on Nov 7
and that death occurred on the date and hour stated above.

Immediate cause of death Registered Anominal Aneurysm
Due to
Due to 30 D

Other conditions none
(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy None Rupt. Abd. Aneurysm

Duration
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?

While at work? (Specify type of place) (c) Means of injury 0
23. Signature William M. North (M. D. or other) MD
Address 612 Professional Bldg. Date signed 11-9-42

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

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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..... *Charles M. Quinc*

Licensed Embalmer No..... *3774*

P. O. Address..... *K. C. 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.