1613

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 42

Registration District No. FILED JAN 25 1943

Primary Registration District No. 1000

Registrar's No. [illegible]

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

1. PLACE OF DEATH:
(a) County Buchanan
(b) City or town St Joseph mo
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: mo methodist Hospital O
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution ..... (Specify whether
In this community 2 Days
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State mo (b) County Gentry
(c) City or town Rural
(If outside city or town limits, write "RURAL")
(d) Street No. Miller
(If rural, give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Frank S Jolly

3. (b) If veteran, name war ✓

3. (c) Social Security No. ✓

4. Sex Male O

5. Color or race white

6. (a) Single, widowed, married, divorced married 1

6. (b) Name of husband or wife Anna Jolly

6. (c) Age of husband or wife if alive 57 years

7. Birth date of deceased nov (Month) 24 (Day) 1879 (Year)

8. AGE: Years 63 Months 2 Days 8 If less than one day ..... hr. ..... min.

9. Birthplace Gentry co (City, town, or county) mo O (State or foreign country)

10. Usual occupation Farmer

11. Industry or business

FATHER
12. Name James Jolly
13. Birthplace (City, town, or county) Ky. 1 (State or foreign country)

MOTHER
14. Maiden name Mary Shafer
15. Birthplace (City, town, or county) Ohio 1 (State or foreign country)

16. (a) Informant R Jolly
(b) Address McFall mo

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 1-3-43 (Month) (Day) (Year)
(c) Place: burial or cremation Fairview

18. (a) Signature of funeral director G S Gromer
(b) Address Pattonsburg mo

19. (a) 1-3-43 (Date received local registrar) (b) Rose Hezog (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 1 day 2
year 43 hour 2 minute 35 A.M.

21. I hereby certify that I attended the deceased from Frank S Jolly Dec 19, 1941, to Jan 2, 1943, that I last saw him alive on Jan 1, 1943, and that death occurred on the date and hour stated above.

Immediate cause of death Diagnosis not made ✓

Due to

Due to

Other conditions Insanity and starvation
(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy Refused

Duration

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

23. Signature L. Ferguson (M. D. or other)
Address 723 1/2 Felix St Joseph Mo Date signed 1-2-43

1233

(Licensed Embalmer's Statement on Reverse Side)

[illegible]
2907 [illegible]

1942
62
80

6
2
8

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate ~~was~~ will Be embalmed by me, ~~or by~~ ....., Registered Apprentice No. ..... working under my personal supervision.

Signed G S Gromer

Licensed Embalmer No. 2857

P. O. Address Pattonsburg 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.

S. No. 2B
M—8-21-41
I X29288

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 1613

Registration District No. 42 Primary Registration District No. 1000 Registrar's No. 42

SUPPLEMENTARY

1. PLACE OF DEATH:

(a) County Buchanan

(b) City or town St Joseph
(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 (b) County

(c) City or town
(If outside city or town limits, write "RURAL")

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

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

If yes, name country

3. (a) PRINT FULL NAME Frank S. Jolly

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex M

5. Color or race W

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

6. (b) Name of husband or wife

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

7. Birth date of deceased Nov (Month) 24 (Day) 1879 (Year)

8. AGE: Years 63 Months 2 Days 8 If less than one day min.

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

10. Usual occupation

11. Industry or business

MOTHER FATHER
12. Name
13. Birthplace (City, town, or county) (State or foreign country)
14. Maiden name
15. Birthplace (City, town, or county) (State or foreign country)

16. (a) Informant
(b) Address

17. (a) (Burial, cremation, or removal) (b) Date thereof (Month) (Day) (Year)
(c) Place: burial or cremation

18. (a) Signature of funeral director
(b) Address

19. (a) (Date received local registrar) (b) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Day 2
year 1943 hour minute M.

21. I hereby certify that I attended the deceased from 19 to 19;
that I last saw h alive on 19;
and that death occurred on the date and hour stated above.

Immediate cause of death Myocarditis acute — Duration 7 days

Due to 93e

Due to

Other conditions Insanity and Starvation
(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy refused

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)
(b) 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 L J Ferguson (M. D. ~~[illegible]~~)
Address Date signed