

S. No. 2  
-1-4-41  
5-17-39  
X26390

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

State File No. **10670**

DEAD MAR 19 1943

Registration District No. 170

Primary Registration District No. 3033

Registrar's No. \_\_\_\_\_

1. PLACE OF DEATH:

(a) County Laclede  
(b) City or town Lebanon  
(c) Name of hospital or institution:  
442 S. Jefferson 1  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether)  
In this community 54 years  
years, months or days

3. (a) PRINT FULL NAME CARL W. JOSLYN

3. (b) If veteran, name war \_\_\_\_\_ 3. (c) Social Security No. \_\_\_\_\_

4. Sex M 5. Color or Trace W 6. (a) Single, widowed, married, divorced married  
6. (b) Name of husband or wife Elizabeth Cory 6. (c) Age of husband or wife if alive 44 years  
7. Birth date of deceased March 12 1892  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
60 11 \_\_\_\_\_ hr. \_\_\_\_\_ min.

9. Birthplace Highpoint MO. O  
(City, town, or county) (State or foreign country)

10. Usual occupation Retired Merchant

11. Industry or business \_\_\_\_\_

MOTHER { 12. Name Wilbert C. Joslyn  
FATHER { 13. Birthplace Waitsfield Vermont  
(City, town, or county) (State or foreign country)  
14. Maiden name Fannie Joslyn  
15. Birthplace Brownington Vermont  
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. C. W. Joslyn  
(b) Address Lebanon MO

17. (a) Burial (b) Date thereof 2-15-43  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: burial or cremation Lebanon Cemetery

18. (a) Signature of funeral director Palmer  
(b) Address Lebanon Missouri

19. (a) 2-15-43 (b) Grace Raper  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Laclede  
(c) City or town Lebanon  
(If outside city or town limits, write "RURAL")  
(d) Street No. 442 S. Jefferson  
(If rural, give location)  
(e) Citizen of foreign country? NO (Yes or No)  
If yes, name country \_\_\_\_\_

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month February day 12  
year 1943 hour 4 minute 30 A.M.  
21. I hereby certify that I attended the deceased from June  
1943 to Feb 1943  
that I last saw him alive on Feb Feb 1943  
and that death occurred on the date and hour stated above.

Immediate cause of death acute coronary thrombosis  
Due to obscure chronic bronchitis  
general debility  
Due to \_\_\_\_\_  
Other conditions (Include pregnancy within 3 months of death) 94a

Major findings: \_\_\_\_\_  
Of operations \_\_\_\_\_  
Of autopsy none

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) (e) Means of injury \_\_\_\_\_  
23. Signature J. B. Raper M. D. of county \_\_\_\_\_  
Address Jefferson Missouri Date signed 2/13/43

Duration \_\_\_\_\_  
PHYSICIAN \_\_\_\_\_  
Underline the cause to which death should be charged statistically.

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

1690

(Licensed Embalmer's Statement on Reverse Side)

# RECEIVED

District Health Officer No. *Lassen County Health Unit*  
District File Number *2-43-24*  
Date Filed *2-16-43*

22 1945

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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 *Allyn Dethering*  
Licensed Embalmer No. *4333*  
P. O. Address *Lahavon 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.