

REG. JUL 24 1943
Registration District No. 2

Primary Registration District No. 4056

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

1. PLACE OF DEATH:
(a) County Butler
(b) City or town Fisk
(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..... 25 years (Specify whether
years, months or days)

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

3. (b) If veteran, name war Spanish-American 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 Louvisa E. Jolly 6. (c) Age of husband or wife if alive 61 years

7. Birth date of deceased Jan 16 1872
(Month) (Day) (Year)

| | | | | |
|---------|-----------|----------|----------|----------------------|
| 8. AGE: | Years | Months | Days | If less than one day |
| | <u>72</u> | <u>5</u> | <u>6</u> | <u>5</u> |
| | | | | hr. min. |

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

10. Usual occupation Carpenter

11. Industry or business

12. Name Henry H. Jolly

13. Birthplace unknown
(City, town, or county) (State or foreign country)

14. Maiden name Martha Combs

15. Birthplace unknown
(City, town, or county) (State or foreign country)

16. (a) Informant Ruth Patterson

(b) Address Columbus, Ohio

17. (a) burial (b) Date thereof 6-23-43
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Poplar Bluff, Mo

18. (a) Signature of funeral director Marshall Shan

(b) Address Fisk, Mo

19. (a) 6-23-43 (b) Poplar Bluff Mo
(Date received local Registrar) (Registrar's signature)

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 21 June
year 1943 hour 9 minute 15 A. M.

21. I hereby certify that I attended the deceased from 6/15/1943
....., 19....., to 6/19/43, 19.....;
that I last saw him alive on 6/19/43, 19.....;
and that death occurred on the date and hour stated above.

Immediate cause of death Respiratory failure
Due to Cerebral Hemorrhage
Due to.....

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

Major findings:
Of operations.....

Of autopsy.....

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 Grad... D. of other.....
Address Fisk Mo Date signed 6-23-43

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

OCT 7 1943
AUG 31 1943

RECEIVED

District Health Office No. 2,

District File Number 743-910

Date Filed 7-19-43

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 [Signature]

Licensed Embalmer No. 13474

P. O. Address Joplat, 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.