

FILED DEC 13 1943

Registration District No. 164

Primary Registration District No. 5601

Registrar's No. 114

1. PLACE OF DEATH

(a) County: Johnson

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

(c) Name of hospital or institution:  
Warrensburg township  
(If not in warehouse or institution, write street number or location)

(d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether \_\_\_\_\_)  
In this community: 36 yrs.  
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State: Missouri (b) County: Johnson

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

(d) Street No.: Warrensburg township  
(If rural, give location)

(e) Citizen of foreign country? no (Yes or No)  
If yes, name country: \_\_\_\_\_

3. (a) PRINT FULL NAME: LUTHER JOY

3. (b) If veteran, name war: no

3. (c) Social Security No.: no

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month: Nov. day: 8  
year: 1943 hour: 11 minute: A M.

21. I hereby certify that I attended the deceased from Sept 1  
1943, to Nov 8, 1943;  
that I last saw him alive on not 8, 1943,  
and that death occurred on the date and hour stated above.

4. Sex: Male 5. Color or race: white

6. (a) Single, widowed, married, divorced: Widowed

6. (b) Name of husband or wife: Mary D Joy  
alive \_\_\_\_\_ years

6. (c) Age of husband or wife: deceased

7. Birth date of deceased: May 30 1862  
(Month) (Day) (Year)

Immediate cause of death: Chronic myocarditis 2 yrs  
Duration

Due to: \_\_\_\_\_

Due to: 93d

Other conditions: \_\_\_\_\_  
(Include pregnancy within 3 months of death)

8. AGE: Years: 81 Months: 5 Days: 8  
If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

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

10. Usual occupation: Retired Farmer

PHYSICIAN

Major findings: \_\_\_\_\_  
Of operations: \_\_\_\_\_

Of autopsy: \_\_\_\_\_

Underline the cause to which death should be charged statistically.

MOTHER FATHER

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

12. Name: Halvey Joy

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

14. Maiden name: Erline Norman

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

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: [Signature] (M. D. or other)  
Address: Warrensburg Mo Date signed: 11/11/43

16. (a) Informant: Earl Joy

(b) Address: Warrensburg, Mo

17. (a) Burial (b) Date thereof: 11-10-43  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation: Sunset Hill

18. (a) Signature of funeral director: [Signature]

(b) Address: Warrensburg, Mo

19. (a) Nov 10 1943 (b) [Signature]  
(Date received local registrar) (Registrar's signature)

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

RECEIVED

District Health Officer No. 8,

District File Number \_\_\_\_\_

Date Filed 12-10-43

DEC 20 1943

---

---

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 R. Q. Phillips

Licensed Embalmer No. 2320

P. O. Address Warrensburg, 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.