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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED MAR 14 1944

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 8012

Registration District No. 2/8

Primary Registration District No. 3054

Registrar's No.

1. PLACE OF DEATH:

(a) County Pike

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

(c) Name of hospital or institution: Mineral Springs O
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 8 days (Specify whether
In this community 20 years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Pike 82

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

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

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

3. (a) PRINT FULL NAME Joseph Stephens Roy

3. (b) If veteran, name war no

3. (c) Social Security No. —

4. Sex Male

5. Color or race White

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

6. (b) Name of husband or wife —

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

7. Birth date of deceased May (Month) 3 (Day) 1882 (Year)

8. AGE: Years 61 Months 9 Days 1 If less than one day hr. min.

9. Birthplace East St Louis (City, town, or county) Ill (State or foreign country)

10. Usual occupation Farmer

11. Industry or business Farm

FATHER
12. Name Jessline William Roy
13. Birthplace Bourdeaux (City, town, or county) France 5 (State or foreign country)

MOTHER
14. Maiden name Mary Louise St John
15. Birthplace St Louis (City, town, or county) Mo. O (State or foreign country)

16. (a) Informant Mrs. Sophia Summers
(b) Address Ill

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Feb. 7, 1944 (Month) (Day) (Year)
(c) Place: burial or cremation Ashburn

18. (a) Signature of funeral director Garner & Sterne
(b) Address Louisiana Mo.

19. (a) 2-6-44 (Date received local registrar) (b) F C Haley (Registrar's signature)

1169 (Licensed Embalmer's Statement on Reverse Side)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb. day 4
year 1944 hour 9:15 minute P M.

21. I hereby certify that I attended the deceased from Jan 29, 1944, to Feb. 4, 1944; that I last saw him alive on Feb. 4, 1944 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Apoplexy	14 days
Due to Cardio vascular renal hypertension	
Due to disease	1 yr
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations	
Of autopsy	

3/a

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 G. C. Bilyeu (M.D. or other) P.O.
Address Louisiana Date signed Feb 6/44

RECEIVED
District Health Officer No. 10
District File Number 3-44-504
Date Filed MAR 8 1944

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, ~~only~~ .....

....., Registered Apprentice No. .....,

working under my personal supervision.

Signed J. B. Oterne

Licensed Embalmer No. 4039

P. O. Address Louisiana, 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.