

**1. PLACE OF DEATH:**  
 (a) County WAYNE  
 (b) City or town MILLSPRING  
(If outside city or town limits, write "RURAL" and name of township)  
 (c) Name of hospital or institution: MID SUMMA  
(If not in hospital or institution, write street number or location)  
 (d) Length of stay: In hospital or institution 70 yr. (Specify whether years, months or days)

**2. USUAL RESIDENCE OF DECEASED:**  
 (a) State MISSOURI (b) County WAYNE  
 (c) City or town MILLSPRING  
(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 \_\_\_\_\_

**3. (a) PRINT FULL NAME** WILLIAM ALEXANDER JOINER  
 (b) If veteran, name war \_\_\_\_\_ (c) Social Security No. ✓

4. Sex MALE 5. Color or race WHITE 6. (a) Single, widowed, married, divorced MARRIED  
 (b) Name of husband or wife MINNIE JOINER 6. (c) Age of husband or wife if alive \_\_\_\_\_ years  
 7. Birth date of deceased JUNE 26 1973  
(Month) (Day) (Year)

**8. AGE:** Years 70 Months 6 Days 29 If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

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

10. Usual occupation FARM

11. Industry or business FARMER

**MOTHER** { 12. Name LYSANDER JOINER  
 13. Birthplace UNKNOWN (City, town, or county) (State or foreign country)  
 14. Maiden name ATHA SMITH  
 15. Birthplace WAYNE CO MISSOURI (City, town, or county) (State or foreign country)

16. (a) Informant MINNIE A. JOINER  
 (b) Address MILLSPRING

17. (a) BURIAL (b) Date thereof Jan 29 1944  
(Burial, cremation, or removal) (Month) (Day) (Year)  
 (c) Place: burial or cremation NEAR ELY SIMON

18. (a) Signature of funeral director [Signature]  
 (b) Address 750 Meant, Mo  
 19. (a) Mar 3, 1944 (b) Miss Lottie Manness  
(Date received local Registrar) (Registrar's signature)

**MEDICAL CERTIFICATION**  
 20. DATE OF DEATH: Month Jan day 25 year 1944 hour \_\_\_\_\_ minute 3:00 AM

21. I hereby certify that I attended the deceased from Aug 9 - 1941 to Jan 25 1944 that I last saw him alive on Jan 1 - 1944 and that death occurred on the date and hour stated above.

Immediate cause of death Acute Cardiac failure 1 da  
 Due to Chronic myocarditis 3 yrs.

Other conditions 93d  
(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? \_\_\_\_\_

23. Signature [Signature] (Specify type of share) \_\_\_\_\_ (M. D. or other) \_\_\_\_\_  
 Address Poplar Bluff, Mo Date signed 2/2/44

Duration  
 Physician  
 Underline the cause to which death should be charged statistically.

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

VED  
District Health Officer No. 4  
District File Number 344-3451  
Date Filed 3-6-44

**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 *Norman W. Gish*  
Licensed Embalmer No. *3387*  
P. O. Address *Dubuque 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.**