

FILED AUG 14 1945

Registration District No. 23

Primary Registration District No. 4378

Registrar's No. 114

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

1. PLACE OF DEATH:

(a) County Nodaway

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

(c) Name of hospital or institution: None
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution None
(Specify whether years, months or days)

In this community 23 or 24 yrs.

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Nodaway

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

(d) Street No. _____
(If rural, give location)

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

3. (a) PRINT FULL NAME David Jessie Joyner

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

4. Sex mo 5. Color or race w 6. (a) Single, widowed, married, divorced m

6. (b) Name of husband or wife Laura Dawson Joyner 6. (c) Age of husband or wife if alive 61 years

7. Birth date of deceased Feb 29 1881
(Month) (Day) (Year)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 18 year 1945 hr. 8 minute 45 A.M.

21. I hereby certify that I attended the deceased from May 8 to July 18, 1945, and that death occurred on the day and hour stated above.

8. AGE: Years Months Days If less than one day

63 6 19 hr. _____ min.

9. Birthplace Lee County Virginia
(City, town or county) (State or foreign country)

10. Usual occupation Farmer

Immediate cause of death myo Carditis

Due to Matter Fever

Due to _____

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

MOTHER FATHER

11. Industry or business _____

12. Name George W. Joyner

13. Birthplace Lee County Virginia
(City, town or county) (State or foreign country)

14. Maiden name Jessie Neil

15. Birthplace Lee County Virginia
(City, town or county) (State or foreign country)

16. (a) Informant W. C. Joyner

(b) Address Pavenwood Mo

17. (a) Burial (b) Date thereof 7-25-45
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Pavenwood Mo

18. (c) Signature of funeral director Campbell Funeral Home

(b) Address Manvelle Missouri

19. (a) 7-25-45 (b) Wm Barber
(Date received local registrar) (Registrar's signature)

Major findings: Of operations _____

Of autopsy 5

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 R. J. Guter (M. D. or other) Do

Address Manvelle Mo Date signed 7-14-45

PHYSICIAN

Underline the cause to which death should be charged statistically.

AUG 23 1945

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 *William Campbell*

Licensed Embalmer No. *2620*

P. O. Address *Maryville 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.