S. No. 2
OM—5-43
v. 5-[illegible]39
[illegible]

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED DEC 12 1945

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 36564

Registration District No. 25 — Primary Registration District No. 4036 — Registrar's No. 140

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

7
2
0

1. PLACE OF DEATH:

(a) County Bates

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

(c) Name of hospital or institution: Home - 903 E. Walnut 1
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution — (Specify whether
In this community 22 years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State MO. (b) County Bates 7

(c) City or town Rich Hill Mo. 2
(If outside city or town limits, write "RURAL")

(d) Street No. 903 E. Walnut 0
(If rural, give location)

(e) Citizen of foreign country? — 0 (Yes or No)

If yes, name country

3. (a) PRINT FULL NAME Charles W. Joy

3. (b) If veteran, name war —

3. (c) Social Security No. —

4. Sex M 0

5. Color or race W.

6. (a) Single, widowed, married, divorced M. 1

6. (b) Name of husband or wife Gertrude Joy

6. (c) Age of husband or wife if alive 69 years

7. Birth date of deceased Dec. (Month) 26 (Day) 1876 (Year)

8. AGE:

Years	Months	Days	If less than one day
68	10	10	hr. min.

9. Birthplace Altoona (City, town, or county) Iowa (State or foreign country) 1

10. Usual occupation Real Estate - Retired

11. Industry or business

FATHER
12. Name George Joy
13. Birthplace Iowa (City, town, or county) (State or foreign country) 1

MOTHER
14. Maiden name Jennie Weems
15. Birthplace Iowa ? (City, town, or county) (State or foreign country) 1

16. (a) Informant Mrs Chas. Joy
(b) Address Rich Hill Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 11-8-45 (Month) (Day) (Year)
(c) Place: burial or cremation Mound View - Independence Mo

18. (a) Signature of funeral director [illegible]
(b) Address Rich Hill

19. (a) Nov. 8, 1945 (Date received local registrar) (b) Mrs. Edna Douglass (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov. day 5 year 1945 hour 10:15 minute a. M.

21. I hereby certify that I attended the deceased from June 1, 1945 to Nov 5, 1945; that I last saw him alive on Nov 5, 1945; and that death occurred on the date and hour stated above.

Immediate cause of death Pulmonary Thrombosis

Due to

Due to

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy 830

Duration

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 0

23. Signature [illegible] (M.D. or other)

Address [illegible] Date signed [illegible]

134 (Licensed Embalmer's Statement on Reverse Side)

11-45-1225

Date Filed 12-18-45

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 W. E. Riddlecome

Licensed Embalmer No. 2174

P. O. Address Butler 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.