

**FILED** MAY 8 1946  
 Registration District No. 42

Primary Registration District No. 1000

Registrar's No. 500

1. PLACE OF DEATH:

(a) County Buchanan  
 (b) City or town St. Joseph  
(If outside city or town limits, write "RURAL" and name of township)  
 (c) Name of hospital or institution:  
203 E. Valley St., (Home)  
(If not in hospital or institution, write street number or location)  
 (d) Length of stay: In hospital or institution AK  
(Specify whether years, months or days)  
 In this community Lifetime  
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Buchanan //  
 (c) City or town St. Joseph /  
(If outside city or town limits, write "RURAL")  
 (d) Street No. 203 E. Valley St. 7  
(If rural, give location)  
 (e) Citizen of foreign country? No (Yes or No)  
 If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME CLARA E. JOYNER

3. (b) If veteran, name war None  
 3. (c) Social Security No. None

4. Sex Female / 5. Color or race White  
 6. (a) Single, widowed, married, divorced Widowed  
 6. (b) Name of husband or wife James  
 6. (c) Age of husband or wife if alive, years 24  
 7. Birth date of deceased October 24, 1881  
(Month) (Day) (Year)

8. AGE: Years 64 Months 6 Days 4  
 If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

9. Birthplace St. Joseph, Missouri  
(City, town, or county) (State or foreign country)

10. Usual occupation Housekeeper

11. Industry or business Home

MOTHER FATHER  
 12. Name Emil Yaeck  
 13. Birthplace Wurtemberg, Germany 4  
(City, town, or county) (State or foreign country)  
 14. Maiden name Evayln  
 15. Birthplace Germany 4  
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Arthur Caselman (daughter)

(b) Address 203 E. Valley St., City

17. (a) Burial (b) Date thereof 5/1/46  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Ashland Cemetery

18. (a) Signature of funeral director John C. Rupp

(b) Address 6054 Pryor Ave., City

19. (a) May 4, 1946 (b) B. W. Tadlock  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 28  
 year 1946 hour 3 minute 20 A. M.

21. I hereby certify that I attended the deceased from viewed  
April 29th 46, 1946 to \_\_\_\_\_, 1946

that I last saw him alive on \_\_\_\_\_, 1946  
 and that death occurred on the date and hour stated above.

Immediate cause of death Coronary Thrombosis Duration \_\_\_\_\_

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

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

Other conditions None  
(Include pregnancy within 3 months of death)

Major findings: Of operations 44

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?  
 \_\_\_\_\_

While at work? \_\_\_\_\_ (Specify type of place) (e) Means of injury \_\_\_\_\_

23. Signature B. W. Tadlock ex Coroner (M. D. or other) \_\_\_\_\_

Address Wing Hill Plaza Date signed May 4, 1946

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

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**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 John E. Rupp  
Licensed Embalmer No. 3986  
P. O. Address St. Joseph, 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.**