

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

4007

FILED FEB 17, 1947

State File No. _____

Registration District No. 42

Primary Registration District No. 1000

Registrar's No. 186

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: State Hospital no 2
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 4 mo 1 day
(Specify whether
In this community 4 mo 1 day
years, months or days)

3. (a) PRINT FULL NAME Lewis A Joy

3. (b) If veteran, name war NO 3. (c) Social Security No. NONE
4. Sex male 5. Color or race white 6. (a) Single, widowed, married, divorced married
6. (b) Name of husband or wife Unknown 6. (c) Age of husband or wife if alive 16 years
7. Birth date of deceased July (Month) 16 (Day) 1871 (Year)

8. AGE: Years 75 Months 6 Days 19 If less than one day
✓ hr. min.

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

10. Usual occupation Farmer - night watchman

11. Industry or business

12. Name Simon P. Joy
13. Birthplace Unknown (City, town, or county) (State or foreign country)
14. Maiden name no given
15. Birthplace Unknown (City, town, or county) (State or foreign country)

16. (a) Informant Gordon S. Joy
(b) Address Industrial City - Mo.

17. (a) JCR (Burial, cremation, or removal) (b) Date thereof Feb 7, 1947 (Month) (Day) (Year)

✓ (c) Place: burial or cremation St. Lawrence Church, Ravenwood

18. (a) Signature of funeral director Newton Long
(b) Address Ravenwood Mo.

19. (a) 2-11-47 (Date received local registrar) (b) C. C. Jenkins (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Madaway
(c) City or town Ravenwood (If outside city or town limits, write "RURAL")
(d) Street No. Rural (If rural, give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb. day 5
year 1947 hour 7 minute 45 A. M.
21. I hereby certify that I attended the deceased from Jan.
3 1947, to Feb 5 1947
that I last saw him alive on Feb 15 1947
and that death occurred on the date and hour stated above.

Immediate cause of death Hypertensive Pneumonia

Due to Psychonephritis

Due to _____

Other conditions (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? _____
While at work? _____ (Specify type of place) (e) Means of injury _____

23. Signature Forrest Thomas (M. D. or other) _____
Address St. Joseph Mo Date signed 2/6

(Licensed Embalmer's Statement on Reverse Side) No State Hospital no 2

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.....

Charles M. Harman....., Registered Apprentice No. 450
working under my personal supervision.

Signed.....

Licensed Embalmer No. 4060

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.