S. No. 2
0M—2-43
v. 5-17-39
I X35697

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED OCT 21 1947

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 35359

Registration District No. 294 Primary Registration District No. 3056 Registrar's No. 231

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

8
6
3

1. PLACE OF DEATH:

(a) County Randolph
(b) City or town Moberly Mo.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Woodland Hospital O
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 13 days (Specify whether
In this community Lifetime
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Monroe 69
(c) City or town Rural 0
(If outside city or town limits, write "RURAL")
(d) Street No. R.F.D. # 3 Clark, Mo. 0
(If rural, give location)
(e) Citizen of foreign country? No. (Yes or No) 1
If yes, name country No.

3. (a) PRINT FULL NAME John Calvin Jolly

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

4. Sex Male O 5. Color or race White 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Fannie Jolly 6. (c) Age of husband or wife if alive 64 years

7. Birth date of deceased February (Month) 6 (Day) 1878 (Year)

8. AGE: Years 69 Months 8 Days 6 If less than one day — hr. — min.

9. Birthplace Monroe Cty (City, town, or county) Missouri (State or foreign country)

10. Usual occupation Farmer

11. Industry or business

FATHER
12. Name Joseph Jolly
13. Birthplace Unknown (City, town, or county) Kentucky (State or foreign country)

MOTHER
14. Maiden name Minerva Lyle
15. Birthplace Unknown (City, town, or county) Illinois (State or foreign country)

16. (a) Informant Mrs J.C. Jolly
(b) Address R.F.D. # 3 Clark Mo.

17. (a) Buriel (Burial, cremation, or removal) (b) Date thereof Oct 16 1947 (Month) (Day) (Year)
(c) Place: burial or ~~cremation~~ Macedonia

18. (a) Signature of funeral director Snow Funeral Home
(b) Address Moberly, Mo.

19. (a) Oct 16-47 (Date received local registrar) (b) Reah Williams Lowe (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month October day 14th year 1947 hour 9:00 minute 45 P.M.

21. I hereby certify that I attended the deceased from October 2, 1947 to October 14, 1947 that I last saw him alive on October 14, 1947 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Cerebral thrombosis	13 days
Due to: Cerebral arteriosclerosis	70 yrs
Due to:	
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations
Of autopsy

83 B

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 O

23. Signature J W Henry Jr (M. D. ~~or other~~)
Address Moberly Mo Date signed Nov 20 47

(Licensed Embalmer's Statement on Reverse Side)

JUL 25 1955

RECEIVED
District Health Officer No. 10
District File Number 10-47-147
Date Filed OCT 20 1947

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~~:

C. L. Hutton, Registered Apprentice No. 10

working under my personal supervision.

Signed R. M. Cater

Licensed Embalmer No. 4117

P. O. Address Moberly 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.