S. No. 2
M—1/47
r. 5-17-39

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 41024

FILED DEC 23 1947

Registration District No. 93 — Primary Registration District No. 5144 — Registrar's No. 427

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

1. PLACE OF DEATH:
(a) County Butler
(b) City or town Rombauer (If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: St Francis ~~County~~ Twp
Rural (If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution / (Specify whether
In this community Life years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Butler 12
(c) City or town Rombauer 0 (If outside city or town limits, write "RURAL")
(d) Street No. Rural 0 (If rural, give location)
(e) Citizen of foreign country? No (Yes or No) 0
If yes, name country

3. (a) PRINT FULL NAME Sam Walker Joiner
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 Married /
6. (b) Name of husband or wife Sarah Joiner
6. (c) Age of husband or wife if alive 73 years
7. Birth date of deceased Sept. (Month) 13 (Day) 1871 (Year)

8. AGE: Years 76 Months 2 Days 26 If less than one day hr. min.
9. Birthplace Williamsville, Mo. 0 (City, town, or county) (State or foreign country)
10. Usual occupation Reitred
11. Industry or business Lumber
FATHER
12. Name Mitchell Joiner 0
13. Birthplace Williamsville, Mo. (City, town, or county) (State or foreign country)
MOTHER
14. Maiden name Winnie Walker
15. Birthplace Tenn. / (City, town, or county) (State or foreign country)
16. (a) Informant C. E. Joiner
(b) Address Rombauer, Mo.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 12/11/47 (Month) (Day) (Year)
(c) Place: burial or cremation Rombauer Mo
18. (a) Signature of funeral director Greer Croy & Fitch
(b) Address Poplar Bluff, Mo.
19. (a) 12/16/47 (Date received local registrar) (b) R H Minetree (Registrar's signature) 3.5

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec. day 9 year 1947 hour 10 minute 55 PM. M.
21. I hereby certify that I attended the deceased from ..., 19..., to ..., 19...; that I last saw him alive on ..., 19...; and that death occurred on the date and hour stated above.

Immediate cause of death Arteriosclerotic heart disease — Duration
Due to Hypertensive cardio-vascular disease
Due to General arteriosclerosis
Other conditions none (Include pregnancy within 3 months of death)
Major findings: Of operations 93 D
Of autopsy

PHYSICIAN — Underline the cause of 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 H O Henrickson (M. D. ~~or other~~) MD
Address Poplar Bluff, Mo. Date signed 12/13/47

Jefferson City Printing Co. (Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Office No. 2,
District File Number 1247-1623
Date Filed 12-22-47

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 Philip J. Casserly Registered Apprentice No. 108 working under my personal supervision.

Signed Wallace N. Fitch

Licensed Embalmer No. 3859

P. O. Address Poplar Bluff, 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.