

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: Mo. Methodist Hosp.  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 6 days  
(Specify whether years, months or days)  
In this community 6 days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Gentry 38  
(c) City or town Albany  
(If outside city or town limits, write "RURAL")  
(d) Street No. Albany, Mo. 0  
(e) Citizen of foreign country? No (Yes or No)  
If yes, name country

3. (a) PRINT FULL NAME Larry Gene Jolly

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

4. Sex Male  Female   
5. Color or race White  
6. (a) Single, widowed, married, divorced Single   
6. (b) Name of husband or wife  
6. (c) Age of husband or wife if alive years  
7. Birth date of deceased March 1 1947  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
1 1 16 hr. min

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

10. Usual occupation None  
11. Industry or business None

12. Name Harold G. Jolly

13. Birthplace McFall Missouri  
(City, town, or county) (State or foreign country)

14. Maiden name Carolyn Smith

15. Birthplace Gallatin Missouri  
(City, town, or county) (State or foreign country)

16. (a) Informant Harold G. Jolly  
(b) Address Albany, Mo.

17. (a) Removal (b) Date thereof 4/17/48  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Albany, Mo.

18. (a) Signature of funeral director Heaton-Bryman  
(b) Address St. Joseph, Mo.

19. (a) Apr 19, 1948 (b) H. B. Jenkins  
(Date received local registrar) (Registrar's signature) 387

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 17  
year 1948 hour 10 minute 20 A.M.

21. I hereby certify that I attended the deceased from Apr 12, 1948 to Apr 17, 1948  
that I last saw him alive on Apr 17, 1948  
and that death occurred on the date and hour stated above.

Immediate cause of death Malignant tumor  
of glands of parotid gland left side  
Due to 1 mo

Due to 5 7 1/2  
Other conditions (Include pregnancy within 3 months of death)

Major findings: Abdominal tumor  
Of operations: not removable  
Of autopsy: same  
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?  
(d) Did injury occur in or about home, on farm, in industrial place, in public place?  
While at work? (Specify type of place)  
Means of injury

23. Signature W. Roger Moore (M. D.)  
St. Joseph Mo Date signed 4/17/48

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

MOTHER FATHER

MAY 3 1949

1949. 15187

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 Eugene Wood

Licensed Embalmer No. 3804

P. O. Address 319 So 10th, 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.