S. No. 2 · 1—8-43 5—7-39 X37823

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED MAY 21 1948

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 17082

Registration District No. 251 Primary Registration District No. 3048 Registrar's No. 120

1. PLACE OF DEATH:
(a) County Nodaway
(b) City or town Maryville
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: St. Francis Hospital 0
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution four days (Specify whether
In this community 50 years years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State MISSOURI (b) County Nodaway 74
(c) City or town Ravenwood 0
(If outside city or town limits, write "RURAL")
(d) Street No. 0
(If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME JENNY McELVAIN JOY
3. (b) If veteran, name war —
3. (c) Social Security No. —

4. Sex female
5. Color or race White
6. (a) Single, widowed, married, divorced Widow
6. (b) Name of husband or wife LEWIS A JOY
6. (c) Age of husband or wife if alive ✓ years
7. Birth date of deceased October (Month) 7 (Day) 1869 (Year)

8. AGE: Years 78 | Months 6 | Days 15 | If less than one day — hr. — min.

9. Birthplace WORTH Co. (City, town, or county) Mo. (State or foreign country)
10. Usual occupation housewife
11. Industry or business ✓

MOTHER FATHER
12. Name WILLIAM McELVAIN
13. Birthplace Unknown (City, town, or county) 9 (State or foreign country)
14. Maiden name LEAH McELDAIN
15. Birthplace Unknown (City, town, or county) 9 (State or foreign country)

16. (a) Informant GORDON Joy
(b) Address Industrial City, Mo
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 4-25-1948 (Month) (Day) (Year)
(c) Place: burial or cremation RAVENWOOD Mo
18. (a) Signature of funeral director Newton Long
(b) Address Ravenwood, Mo
19. (a) 5-3-48 (Date received local registrar) (b) Beso Holt (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 22 year 1948 hour 9 minute P M.
21. I hereby certify that I attended the deceased from April 18, 1948, to April 22, 1948, that I last saw h alive on April 22, 1948 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Cachexia and Leukemia, Pulmonary Edema	
Due to: Ca. of Colon with Metastasis to Lungs.	
Due to:	
Other conditions (Include pregnancy within 3 months of death): H6E	
Major findings: Of operations: Colostomy about One year ago	
Of autopsy	

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 0

23. Signature W. R. Johnson (M. D. or other)
Address Maryville, Mo Date signed 4-24-48

(Licensed Embalmer's Statement on Reverse Side)

DISTRICT HEALTH OFFICE
Cameron, Mo.

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 Newton Long

Licensed Embalmer No. 886

P. O. Address Ravenwood, Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply wit the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.