FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED SEP 7 1948

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 25501

Registration District No. 42 — Primary Registration District No. 1000 — Registrar's No. 930

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 #2 (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 4 yrs. 1 mo. 29 days (Specify whether)

In this community 4 yrs. 1 mo. 29 Days (years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State: Missouri (b) County: Scott 100

(c) City or town: Sikeston (If outside city or town limits, write "RURAL") 5

(d) Street No. (If rural, give location) 2

(e) Citizen of foreign country? No (Yes or No) 1

If yes, name country

3. (a) PRINT FULL NAME: VIRGINIA LOUISE JAYNES

3. (b) If veteran, name war: — —

3. (c) Social Security No.: — —

4. Sex: F. 1

5. Color or race: W.

6. (a) Single, widowed, married, divorced: Separated

6. (b) Name of husband or wife: Frank Jaynes

6. (c) Age of husband or wife if alive: No facts years

7. Birth date of deceased: Oct. (Month) 2 (Day) 1909 (Year)

8. AGE: Years 38 Months 10 Days 28 — If less than one day ... hr. ... min.

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

10. Usual occupation: Housewife

11. Industry or business:

FATHER
12. Name: Charles F. Arnold
13. Birthplace: Missouri (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name: Ethel Marstella
15. Birthplace: Missouri (City, town, or county) (State or foreign country)

16. (a) Informant: Mary Lou Miller Pepperd
(b) Address: St. Joseph Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: 9-2-48 (Month) (Day) (Year)
(c) Place: burial or cremation: Memorial Park Cem

18. (a) Signature of funeral director: Earl A. Clark
(b) Address: 120 Illinois Ave. St. Joseph Mo.

19. (a) 9-3-48 (Date received local registrar) (b) E. C. Jenkins (Registrar's signature) 3X

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug. day 30 year 1948 hour 8 minute 45 P.M.

21. I hereby certify that I attended the deceased from Aug 1 1948, to Aug 30 1948 that I last saw her alive on Aug 30 1948 and that death occurred on the date and hour stated above.

Immediate cause of death: Cerebral Hemorrhage

Due to: Head injury in 1941 & operation for subdural hematomas

Due to:

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations: 8 3 W

Of autopsy:

Duration

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

23. Signature: Forrest Thomas (M. D. ~~or other~~)

Address: St. Joseph Mo Date signed 8/31-48

Jefferson City Printing Co. (Licensed Embalmer's Statement on Reverse Side) % State Hospital No 2

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 Earl A. Clark

Licensed Embalmer No. 4238

P. O. Address St. Joseph Mo.

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

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