

No. 10-47
 5-17-39
 ST. 3906
 1948
 23
 6
 WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

Registration District No. 149

Primary Registration District No. 1002

1. PLACE OF DEATH:

(a) County JACKSON
 (b) City or town KANSAS CITY
(If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution: RESEARCH
(If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution 2 DA.
(Specify whether years, months or days)
 In this community 2 days

2. USUAL RESIDENCE OF DECEASED:

(a) State MO (b) County JOHNSON 5!
 (c) City or town HOLDEN RURAL
(If outside city or town limits, write "RURAL")
 (d) Street No. 3 MI 50.
(If rural, give location)
 (e) Citizen of foreign country? NO (Yes or No)
 If yes, name country _____

3. (a) PRINT FULL NAME

Mr Cleve Joy

3. (b) If veteran, name war — NO

3. (c) Social Security No. MOBIL

4. Sex MALE 5. Color or race WHITE

6. (a) Single, widowed, married, divorced, MARRIED

6. (b) Name of husband or wife MABEL C. YODER JOY

6. (c) Age of husband or wife if alive 62 years

7. Birth date of deceased NOV. 11, 1886
(Month) (Day) (Year)

8. AGE: Years 61 Months 11 Days 22
If less than one day hr. min.

9. Birthplace HIGGINSVILLE, MO.
(City, town, or county) (State or foreign country)

10. Usual occupation FAIRMER

11. Industry or business —

12. Name ROBT. JOY.

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

14. Maiden name AMANDA RUTHERFORD

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

16. (a) Informant MRS. CLEVE JOY
 (b) Address HOLDEN, MO.

17. (a) BURIAL (b) Date thereof 11-5-48
(Burial, cremation, or removal) (Month) (Day) (Year)
 (c) Place: burial or cremation HOLDEN CEMETERY

18. (a) Signature of funeral director [Signature]
 (b) Address Holden, Mo

19. (a) 11-4-48 (b) Sheraldine Holmes
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month November day 3
 year 1948 hour 5 minute 0 a.m.

21. I hereby certify that I attended the deceased from August 30, 1948 to November 3, 1948;
 that I last saw him alive on November 2, 1948;
 and that death occurred on the date and hour stated above.

Immediate cause of death Aortic Stenosis Duration 4 years

Due to Chronic Infections 4 years
Aortic Valvulitis

Due to _____
 Other conditions Congestive Circulatory Failure 1 day
(Include pregnancy within 3 months of death)

Major findings: Of operations: _____
 Of autopsy: [Signature]
 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?

Graham Asher [Signature] (Specify type of place) _____
 While at work? _____ (e) Means of injury f

23. Signature Graham Asher (M. D. or other) MD
 Address 1220 Poplar Ave Date signed 11-3-48

JUN 4 1958

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..... *JBCut*

Licensed Embalmer No. *4059*

P. O. Address..... *Hillman, Pa.*

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.