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ev. 5-17-39  
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DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **34445**  
Registrar's No. **60**

**FILED** OCT 19 1945  
Registration District No. **297**

Primary Registration District No. **3057**

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

1. PLACE OF DEATH:

(a) County **Ray**  
(b) City or town **Richmond . Mo.**  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution: **/**  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution \_\_\_\_\_  
(Specify whether years, months or days)  
In this community \_\_\_\_\_  
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **Ray** **89**  
(c) City or town **Richmond** **1**  
(If outside city or town limits, write "RURAL")  
(d) Street No. **643 East Main St.** **1**  
(If rural, give location)  
(e) Citizen of foreign country? **No** **0**  
(Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME **Kate Lenora Joiner**

3. (b) If veteran, name war **No** 3. (c) Social Security No. **No**

4. Sex **Female** 5. Color or race **White** 6. (a) Single, widowed, married, divorced **Widowed**  
6. (b) Name of husband or wife **J. K. Joiner** 6. (c) Age of husband or wife if alive **No** years **1871**  
7. Birth date of deceased **Nov.** **1.** **1871**  
(Month) (Day) (Year)

8. AGE: Years **73** Months **10** Days **28** If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

9. Birthplace **Vibbard.** **Mo.** **0**  
(City, town, or county) (State or foreign country)

10. Usual occupation **House Wife**

11. Industry or business \_\_\_\_\_

MOTHER FATHER { 12. Name **Adam Hauser**  
13. Birthplace **Ray Co. MO.** **3**  
(City, town, or county) (State or foreign country)  
14. Maiden name **Melvina Odell**  
15. Birthplace **Ray, Co.** **Mo.** **0**  
(City, town, or county) (State or foreign country)

16. (a) Informant **C. M. Joiner**  
(b) Address **Cassville. Mo.**

17. (a) **Burial** (b) Date thereof **Oct. 2, 1945**  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: burial or cremation **Richmond. Mo.**

18. (a) Signature of funeral director **E. Thummari**  
(b) Address **Richmond. Mo.**

19. (a) **Oct 1-1945** (b) **Mrs. Chew S. Slegard**  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Sept.** day **29**  
year **1945** hour **9** minute **A.** M.

21. I hereby certify that I attended the deceased from **Mon** **1945** to **Sept 29** 19 **45**  
that I last saw her alive on **Sept 27** 19 **45**  
and that death occurred on the date and hour stated above.

Immediate cause of death **Acute dilatation of heart** **2 days**  
Duration

Due to **Myocardial insufficiency**

Due to \_\_\_\_\_  
Other conditions (Include pregnancy within 3 months of death) \_\_\_\_\_

Major findings: Of operations \_\_\_\_\_  
Of autopsy \_\_\_\_\_  
PHYSICIAN **W. B. [Signature]**  
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 \_\_\_\_\_  
23. Signature **E. W. Gaine** (M. D. or R. N.) **W. B. [Signature]**  
Address **Richmond, Mo.** Date signed **10-29-45**

1280

RECEIVED

State Health

State

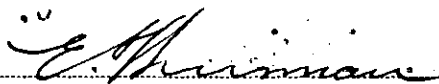
16-1-45

**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, ~~###~~

....., Registered Apprentice No. ....  
working under my personal supervision.

Signed



Licensed Embalmer No. 2073

P. O. Address: Richmond, 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.**