

JUN 10 1940

Registration District No. 85

Primary Registration District No. 1001

1001

505

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:  
1833 Union St.  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution None (Specify whether  
years, months or days) 2  
In this community 32 years

3. (a) PRINT FULL NAME Elizabeth Tap 100

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

4. Sex Female 5. Color of race White 6. (a) Single, widowed, married, divorced Widowed

6. (b) Name of husband or wife Joseph Tap 6. (c) Age of husband or wife if alive 19 years 1850

7. Birth date of deceased November (Month) 19 (Day) 1850 (Year)

8. AGE: Years 89 Months 5 Days 14 If less than one day  
hr. min.

9. Birthplace Hungary Unknown Hungary (City, town, or country) (State or foreign country) 7

10. Usual occupation House Keeper 7

11. Industry or business Residence

12. Name John Oroz 7

13. Birthplace Unknown Hungary (City, town, or country) (State or foreign country) 7

14. Maiden name Catherine Madaras

15. Birthplace Unknown Hungary (City, town, or country) (State or foreign country)

16. (a) Informant Miss. Rosa Tap

(b) Address 1833 Union Str. St. Joseph, Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof May 6, 1940 (Month) (Day) (Year)

(c) Place: burial or cremation Mt. Olivet Cemetery.

18. (a) Signature of funeral director Arman D. Anderson

(b) Address 1802 Union Str. St. Joseph, Mo.

19. (a) May 4 1940 (Date received local registrar) (b) AJ Reddick (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Buchanan  
(c) City or town St. Joseph  
(If outside city or town limits, write "RURAL")  
(d) Street No. 1833 Union St. (If rural, give location)  
(e) If foreign born, how long in U. S. A.? 35 years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 3rd  
year 1940 hour 10 minute 45 A. M.

21. I hereby certify that I attended the deceased from Jan. 11, 1937, to May 13, 1940, that I last saw her alive on May 2, 1940 and that death occurred on the date and hour stated above.

Immediate cause of death Cancer of the Bladder Duration 3 yrs

Due to 5 3/4

Due to Metastasis to the bones of the legs - 1 yr.

Other conditions (include pregnancy within 3 months of death)

Major findings: Cystoscopic Exam disclosed cancer of the bladder. X-ray of the legs 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) No  
(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? 85 ✓

(Specify type of place) While at work? (Specify type of place) (e) Means of injury

23. Signature John F. Jones (M. D. or other) M.D.  
Address St. Joseph, Mo. Date signed 5-3-40

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

MOTHER, FATHER

---

---

**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 *Robert P. Carlson*

Licensed Embalmer No..... 4028

P. O. Address..... 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, above space should be left blank.**