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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 38238

Registration District No. 85 — Primary Registration District No. 5127 — Registrar's No. 1260

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

DEC 10 1940

1. PLACE OF DEATH:

(a) County Buchanan

(b) City or town Rural Washington Township
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
Buchanan County, Rural Route #3
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution ✓ (Specify whether
In this community life
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Buchanan

(c) City or town Rural
(If outside city or town limits, write "RURAL")

(d) Street No. R. F. D. #3 Washington Township
(If rural, give location)

(e) If foreign born, how long in U. S. A.? ✓ years.

3. (a) PRINT FULL NAME Nancy Caroline Teatz

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 widowed

6. (b) Name of husband or wife Charles

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

7. Birth date of deceased June 23, 1859
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
81	5	7	hr. min.

9. Birthplace Little Rock (City, town, or county) Arkansas (State or foreign country)

10. Usual occupation Housework

11. Industry or business Own Home

FATHER
12. Name John Martin
13. Birthplace Unknown (City, town, or county) Unknown (State or foreign country)

MOTHER
14. Maiden name Nancy Massey
15. Birthplace Unknown (City, town, or county) Unknown (State or foreign country)

16. (a) Informant Mrs A L Burrs

(b) Address St. Joseph, Missouri R. F. D. #3

17. (a) burial (Burial, cremation, or removal) (b) Date thereof Dec. 3, 1940 (Month) (Day) (Year)

(c) Place: burial or cremation Ashland Cemetery
St. Joseph, Missouri

18. (a) Signature of funeral director Walter Meierhoffer

(b) Address 1302 Faraon, St. Joseph, Missouri

19. (a) 12-3-1940 (Date received local registrar) (b) [signature] (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month November day 30
year 1940 hour 9 minute a. M.

21. I hereby certify that I attended the deceased from Nov 30th 1940, to ######, 19__;
that I last saw her alive on ######, 19__;
and that death occurred on the date and hour stated above.

Immediate cause of death Acute Coronary Thrombosis

Due to

Due to

Other conditions Arteriosclerosis
(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy none

Duration

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

23. Signature B. W. Tadlock (M. D. or other) Coroner

Address King Hill Building Date signed 12/12 '40

(Licensed Embalmer's Statement on Reverse Side) St. Joseph, Missouri.

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 Orby Jester

Licensed Embalmer No. Mo. 4154

P. O. Address St. Joseph, Missouri

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

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