S. No. 2
M—9-4-41
5-17-39
I X29484

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

17436

State File No.

FILED JUN 8 1943

Registration District No. 1

Primary Registration District No. 1000

Registrar's No. 539

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: Local Nursing Home 4
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 1 month 4 days (Specify whether
In this community years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Mo (b) County Clinton
(c) City or town Plattsburg 25
(If outside city or town limits, write "RURAL")
(d) Street No. 3
(If rural, give location)
(e) Citizen of foreign country? no 3300 (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME ELIZABETH LIZA TRANSUE

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

4. Sex Female 5. Color or race W 6. (a) Single, widowed, married, divorced Widow

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

7. Birth date of deceased MARCH (Month) 29 (Day) 1857 (Year)

8. AGE: Years 86 Months 1 Days 5 If less than one day hr. min.

9. Birthplace MISSOURI (City, town, or county) 0 (State or foreign country)

10. Usual occupation HOUSEWIFE

11. Industry or business

FATHER
12. Name JOHN K. FRY
13. Birthplace KENTUCKY (City, town, or county) 1 (State or foreign country)

MOTHER
14. Maiden name MARY ELIZABETH ELLIOTT
15. Birthplace MISSOURI (City, town, or county) 0 (State or foreign country)

16. (a) Informant FANNIE L CARTER
(b) Address 2905 SHERMAN AVE ST JOSEPH, MO

17. (a) R. (Burial, cremation, or removal) (b) Date thereof 5-4-43 (Month) (Day) (Year)
(c) Place: burial or cremation Duncard Cemetery

18. (a) Signature of funeral director Jas L Martin
(b) Address Plattsburg, Mo.

19. (a) 5-4-43 (Date received local registrar) (b) Rose Herzog (Registrar's signature)

1235

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 4
year 1943 hour 2:45AM minute M.

21. I hereby certify that I attended the deceased from May 3, 1943 to May 3, 1943
that I last saw her alive on May 3, 1943
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Cerebral hemorrhage	24 hrs
Due to general arterial sclerosis	15 yrs
Due to general senility	2 yrs
Other conditions -- (Include pregnancy within 3 months of death)	

83a

Major findings:
Of operations —
Of autopsy --

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 Charles H. Werner M. D.
Address 221 Kirkpatrick Bldg. Date signed 5/4/43
St. Joseph, Mo.

(Licensed Embalmer's Statement on Reverse Side)

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.....

Licensed Embalmer No.....

P. O. Address.....

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.