S. No. 2
1—8-43
5-17-39
P I X37823

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED NOV 10 1944

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 34844

Registration District No. 227 — Primary Registration District No. 5806 — Registrar's No. 59

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

900

1. PLACE OF DEATH:

(a) County MONROE

(b) City or town SANTA FE South Fork (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 1 (Specify whether

In this community 4 YRS. years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State MISSOURI (b) County MONROE

(c) City or town SANTA FE 69 (If outside city or town limits, write "RURAL")

(d) Street No. ✓ 0 (If rural, give location)

(e) Citizen of foreign country? NO (Yes or No)

If yes, name country ✓ 0

3. (a) PRINT FULL NAME MARY ELIZABETH TANZEY

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 ALLEN E. TANZEY

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

7. Birth date of deceased MARCH 17, 1858 (Month) (Day) (Year)

8. AGE: Years 86 | Months 7 | Days 9 | If less than one day ___ hr. ___ min.

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

10. Usual occupation AT HOME

11. Industry or business ✓

FATHER
12. Name DANIEL JOHNSON
13. Birthplace MONROE Co., MISSOURI (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name MARGRET WOOLRIDGE
15. Birthplace MONROE Co., MISSOURI (City, town, or county) (State or foreign country)

16. (a) Informant Tom Tanzey

(b) Address Perry Mo

17. (a) BURIAL (Burial, cremation, or removal) (b) Date thereof 10-28-44 (Month) (Day) (Year)

(c) Place: burial or cremation CEDAR GROVE

18. (a) Signature of funeral director Speed & Blakey

(b) Address Paris, Missouri.

19. (a) OCT. 27 1944 (Date received local registrar) (b) Mayme Lasher (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month OCT. day 26 year 1944 hour 11 minute 30 P. M.

21. I hereby certify that I attended the deceased from Sept. 1, 1942, to Oct 26, 1944 that I last saw her alive on Oct. 26, 1944; and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Acute Myocardial Failure	Few min.
Due to Asthma	
Due to	
Other conditions (Include pregnancy within 3 months of death)	

112

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 F. A. Barnett (M. D. ~~or other~~)

Address PARIS, Mo. Date signed 10/27/44

1394

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 10
District File Number 11-44-1783
Date Filed NOV 6 1944

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 Dwight L. Kepley

Licensed Embalmer No. 4225

P. O. Address Paris, Missouri.

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.