

FILED APR 15 1946

State File No. _____

Registration District No. 74

Primary Registration District No. 5298

Registrar's No. 19

1. PLACE OF DEATH:

(a) County Clinton
(b) City or town Lafayette Town Rural
(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) 1

(d) Length of stay: In hospital or institution _____ (Specify whether

In this community 71 yrs.
years, months or days)

3. (a) PRINT FULL NAME FRANIS Elizabeth Kayay

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 married

6. (b) Name of husband or wife Roy Kayay 6. (c) Age of husband or wife if alive 71 years

7. Birth date of deceased 9 (Month) 7 (Day) 1873 (Year)

8. AGE: Years 72 Months 6 Days 11 If less than one day _____ hr. _____ min.

9. Birthplace Clinton County Missouri (City, town, or county) (State or foreign country)

10. Usual occupation House wife

11. Industry or business

MOTHER FATHER

12. Name L. T. M. Williams

13. Birthplace Kentucky (City, town, or county) (State or foreign country)

14. Maiden name Elizabeth Buss

15. Birthplace Kentucky (City, town, or county) (State or foreign country)

16. (a) Informant Roy Kayay

(b) Address Hempfle mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 3/21/46 (Month) (Day) (Year)

(c) Place: burial or cremation Libanon Church Cem

18. (a) Signature of funeral director Lynn Funeral Home

(b) Address Stewartsville mo.

19. (a) Mar 21-46 (Date received local registrar) (b) Jas L. Martin (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Clinton
(c) City or town Rural (If outside city or town limits, write "RURAL")

(d) Street No. _____ (If rural, give location)

(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 18
year 1946 hour 11 minute 15 A.M.

21. I hereby certify that I attended the deceased from March 17 1946 to March 18 1946
that I last saw h.e.r. alive on March 18 1946
and that death occurred on the date and hour stated above.

Immediate cause of death _____

Due to Cerebral apoplexy - 36hrs.

Due to hypertension

Due to Arteriosclerosis

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations _____

Of autopsy 830

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?

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

23. Signature J. P. ...

Address Stewartsville, Mo. Date signed 3-20-46

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

5005

7071

**DISTRICT HEALTH OFFICE
Cameron, Mo.**

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..... *Daniel D. Lyon*

Licensed Embalmer No. *3640*

P. O. Address *Platteburg, 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.