

S. No. 2
M-8-43
5-17-39
P I X37823

DEPARTMENT OF COMMERCE THE STATE BOARD OF HEALTH OF MISSOURI
BUREAU OF THE CENSUS STANDARD CERTIFICATE OF DEATH

16430

State File No. _____

FILED JUN 13 1946
Registration District No. 133

Primary Registration District No. 3024

Registrar's No. 56

1. PLACE OF DEATH:
(a) County Harrison
(b) City or town Bethany, Mo. Rural
(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 _____
In this community about 10 years (Specify whether years, months or days)

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

3. (a) PRINT FULL NAME GEORGE TATHAY
3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month aug day 17
year 1945 hour 12 minute 00 A.M.

4. Sex male 5. Color or race white
6. (a) Single, widowed, married, divorced married
6. (b) Name of husband or wife Stella Athay
6. (c) Age of husband or wife if alive 73 years
7. Birth date of deceased: March 18 1878
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from June 1, 1943 to _____, 19____;
that I last saw him alive on Aug 14 - 1945, 19____;
and that death occurred on the date and hour stated above.

8. AGE: Years _____ Months 4 Days 25 hr. _____ min. _____
If less than one day

Immediate cause of death: Chronic Myocarditis 4 yr.
Duration _____

9. Birthplace: Merici, Mo. Rural
(City, town, or county) (State or foreign country)
10. Usual occupation Farmer

Due to _____
Due to _____
Other conditions (include pregnancy within 3 months of death) _____
Major findings: Of operations _____
Of autopsy _____

MOTHER, FATHER
11. Industry or business _____
12. Name Thomas A. Athay
13. Birthplace umbraun
(City, town, or county) (State or foreign country)
14. Maiden name Mary J. Williams
15. Birthplace Merici, Mo. Rural
(City, town, or county) (State or foreign country)

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 _____

16. (a) Informant George W. Athay
(b) Address 427 W. Church St. Grand Rapids
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Aug 20 1945 (Month) (Day) (Year)
(c) Place: burial or cremation Highway Creek Cem.
18. (a) Signature of funeral director E. W. Staines
(b) Address Kilman, City, Mo.
19. (a) May 5 1945 (Date received local registrar) (b) John M. Burrell (Registrar's signature)

23. Signature J. R. L... (M. D. or other)
Address Bethany, Mo. Date signed 8-24-45

116 (Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD
101096

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.....

W.D. Hoines, Registered Apprentice No.
working under my personal supervision.

Signed *W.D. Hoines*.....

Licensed Embalmer No. *942*.....

P. O. Address *Gilman City, 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.