V. S. No. 2
100M—5-43
Rev. 5-17-39
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JAN 20 1947

Registration District No. 42

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 31

Primary Registration District No. 1000

Registrar's No. 50

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: 5635 So. 1st St.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution: 32 years (Specify whether years, months or days)
In this community: 32 years

2. USUAL RESIDENCE OF DECEASED:
(a) State: Missouri (b) County: Buchanan
(c) City or town: St. Joseph
(If outside city or town limits, write "RURAL")
(d) Street No.: 5635 So. 1st St.,
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country:

3. (a) PRINT FULL NAME: MARY SUSAN TAYLOR

3. (b) If veteran, name war: None

3. (c) Social Security No.: None

4. Sex: Female

5. Color or race: White

6. (a) Single, widowed, married, divorced: Widowed

6. (b) Name of husband or wife: John

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

7. Birth date of deceased: March (Month) 4, (Day) 1861 (Year)

8. AGE: Years 85 Months 10 Days 0 If less than one day: hr. min.

9. Birthplace: Roncevert, West Virginia
(City, town, or county) (State or foreign country)

10. Usual occupation: Housekeeper

11. Industry or business: Pension

MOTHER FATHER
12. Name: Royal Flushing
13. Birthplace: Greenboro, West Virginia
(City, town, or county) (State or foreign country)

MOTHER
14. Maiden name: Elizabeth Hoke
15. Birthplace: Greenboro, West Virginia
(City, town, or county) (State or foreign country)

16. (a) Informant: Mrs. Ethel Brubeck
(b) Address: St. Joseph, Missouri

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: 1/7/47 (Month) (Day) (Year)
(c) Place: burial or cremation: Platt City, Missouri

18. (a) Signature of funeral director: John E. Grupp
(b) Address: 6054 Pryor Ave., City

19. (a) 1-14-47 (Date received local registrar) (b) E. E. Jenkins (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month January day 4, year 1947 hour 7 minute 20 P. M.

21. I hereby certify that I attended the deceased from June 27, 1936, to Jan. 4, 1947, that I last saw her alive on Jan 2, 1947, and that death occurred on the date and hour stated above.

Immediate cause of death: Cardiac Insufficiency Decompensated — Duration: 2 mo.

Due to: Hypertension arteriosclerotic

Due to: Cardio-vascular-renal disease

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

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: C. S. Grant (M. D. or other)
Address: St. Joseph, Mo. Date signed: 1-7-47

982 (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. John E. Rufle

Licensed Embalmer No. 3986

P. O. Address St. Joseph, 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.