

S. No. 2
M-5-43
v. 5-17-39
I X36671

FILED APR 21 1947
Registration District No. **12**

Primary Registration District No. **1000**

Registrar's No. **522**

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

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:
616 1/2 Messanie
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 47 years
(Specify whether
In this community 47 years
years, months or days)

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. 616 1/2 Messanie 7
(If rural, give location) 0
(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Mary Millie Hay

3. (b) If veteran, name war No
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 Valentine Hay
6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased May 18 1865
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
81 10 24 hr. min.

9. Birthplace Bryan Ohio
(City, town, or county) (State or foreign country)

10. Usual occupation At home

11. Industry or business At home

12. Name Unknown

13. Birthplace Unknown Unknown 9
(City, town, or county) (State or foreign country)

14. Maiden name Unknown

15. Birthplace Unknown Unknown 9
(City, town, or county) (State or foreign country)

16. (a) Informant Walter Hay

(b) Address St. Joseph, Mo.

17. (a) Burial (b) Date thereof 4/14/47
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Ashland Cemetery

18. (a) Signature of funeral director Heaton-Bowman
(b) Address St. Joseph, Mo.

19. (a) 4-15-47 (b) to to Jenkins
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 12
year 1947 hour 10 minute A. M.

21. I hereby certify that I attended the deceased from Dec 20
1946, to April 12, 1947
that I last saw her alive on April 11, 1947
and that death occurred on the date and hour stated above.

Immediate cause of death Congestive Heart failure Duration 3 days

Due to Chronic myocarditis
arteriosclerotic heart disease

Due to _____

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations A 30
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?

While at work? (Specify type of place) _____ (e) Means of injury 0

23. Signature J. J. Rose (M. D. or other)
Address St. Joseph Mo. Date signed 4/14/47

