

No. 2  
-12-45  
-17-39  
X47070

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS  
**FILED JUN 30 1947**

THE STATE BOARD OF HEALTH OF MISSOURI  
**STANDARD CERTIFICATE OF DEATH**

State File No. **20172**

Registration District No. **42**

Primary Registration District No. **1000**

Registrar's No. **773**

**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:  
**2018 Francis St., Nursing Home 4**  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution **3 years**  
(Specify whether  
In this community **80 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. **901 Pacific St.**  
(If rural, give location)  
(e) Citizen of foreign country? **No** (Yes or No)  
If yes, name country

**3. (a) PRINT FULL NAME**

**Margaret Shay**

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 **Widow 3**

6. (b) Name of husband or wife **Dennis D. Shay**

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

7. Birth date of deceased **August 13 1858**  
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
<input checked="" type="checkbox"/>	<b>88</b>	<b>10</b>	<b>3</b>	hr. min.

9. Birthplace **Gallatin Missouri**  
(City, town, or county) (State or foreign country)

10. Usual occupation **Housewife**

11. Industry or business

12. Name **Barney Herson**

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

14. Maiden name **Bergetta Whitney**

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

16. (a) Informant **Bernard Shay**

(b) Address **1720 So. 10th. St., St. Joseph, Mo.**

17. (a) **Burial** (b) Date thereof **6/19/1947**  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Mt. Olivet Cemetery**

18. (a) Signature of funeral director **Walter Muehler**

(b) Address **1946 Colhoun, St. Joseph, Mo.**

19. (a) **6-23-47** (b) **E. L. Jenkins**  
(Date received local registrar) (Registrar's signature)

**MEDICAL CERTIFICATION**

20. DATE OF DEATH: Month **June** day **16th.**  
year **1947** hour **5** minute **50 P.** M.

21. I hereby certify that I attended the deceased from **June 13 47** to **June 13 47**  
and that death occurred on the date and hour stated above  
that I last saw h. er alive on **June 13 47**

Immediate cause of death  
**Cerebral Thrombosis** Duration **3 days**

Due to **Arteriosclerosis** **10 yrs.**

~~Due to~~ Other Conditions: **Paralysis 3 yrs.**

~~Causes~~ Due to: **Cerebral Hemorrhage**  
(Include pregnancy within 3 months of death)

Major findings:  
Of operations **XXX**

Of autopsy **XXX**

**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) **XXX**

(b) Date of occurrence **XXX**

(c) Where did injury occur? **XXX**  
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? **XXX**

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

23. Sign **Charles H. Warner** (M. D. or other)  
Address **Kirkpatrick Bldg** Date signed **6-17-47**

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

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.....

*George J. Kingbermuell*, Registered Apprentice No. *508*  
working under my personal supervision.

Signed.....

*Walter Muehopper Jr*  
Licensed Embalmer No. *4244*

P. O. Address..... *St. Joseph, 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.**