No. 2
-1/47
-17-39

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 4036

FILED FEB 24 1948

Registration District No. 42 — Primary Registration District No. 1000 — Registrar's No. 215

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: General Osteopathic Hosp. (If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 1 day (Specify whether
In this community 1 day. years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Harrison 41
(c) City or town Bethany Rural 0 (If outside city or town limits, write "RURAL")
(d) Street No. 3 Miles South 0 (If rural, give location) 1
(e) Citizen of foreign country? — (Yes or No)
If yes, name country —

3. (a) PRINT FULL NAME Josie Marie Maize
3. (b) If veteran name war —
3. (c) Social Security No. —

4. Sex Female
5. Color or race White
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Milton
6. (c) Age of husband or wife if alive 64 years
7. Birth date of deceased June (Month) 9 (Day) 1883 (Year)

8. AGE: Years 64 Months 8 Days 9 If less than one day hr. min.

9. Birthplace Harrison County Missouri (City, town, or county) (State or foreign country)
10. Usual occupation Housewife
11. Industry or business —

FATHER
12. Name James Attebery
13. Birthplace do not know 9 (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name do not know Buis
15. Birthplace do not know 9 (City, town, or county) (State or foreign country)

16. (a) Informant Milton Maize
(b) Address Bethany Mo.
17. (a) Removal (Burial, cremation, or removal) (b) Date thereof 2-18-1948 (Month) (Day) (Year)
(c) Place: burial or cremation Bethany Mo.
18. (a) Signature of funeral director M B Haas
(b) Address Bethany Mo.
19. (a) 2-20-48 (Date received local registrar) (b) E. C. Jenkins (Registrar's signature) 205

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 2 day 18 year 48 hour 9 minute 30 P.M.
21. I hereby certify that I attended the deceased from 2-17, 1948, to 2-18, 1948 that I last saw her alive on 2-18, 1948 and that death occurred on the date and hour stated above.

Immediate cause of death Coronary Thrombosis
Due to
Due to Arteriosclerosis
Other conditions (Include pregnancy within 3 months of death)
Major findings: Of operations 94A
Of autopsy

Duration

PHYSICIAN
Underline the cause of 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 2
23. Signature C. L. Ferguson DO (M. D. or other) DO
Address 801½ Francis St. St Joseph Mo Date signed 2-20-48

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

Jefferson City Printing Co. (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: M B Haas

Licensed Embalmer No. 3899

P. O. Address Bethany 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.