No. 2
-1/47
-17-39

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

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED FEB 24 1948

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 4069

Registration District No. 42 — Primary Registration District No. 1000 — Registrar's No. 217

1. PLACE OF DEATH:
(a) County: Buchanan
(b) City or town: St. Joseph (If outside city or town limits, write "RURAL" and name township)
(c) Name of hospital or institution: 901 No. 12th St. Hickerson Nursing Home (If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution: 1½ Months (Specify whether years, months or days)
In this community: 1½ months

2. USUAL RESIDENCE OF DECEASED:
(a) State: Missouri (b) County: Buchanan
(c) City or town: R. F. D. #5 (If outside city or town limits, write "RURAL")
(d) Street No.: 4 miles So of St. Joseph (If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country:

3. (a) PRINT FULL NAME: Elizabeth Tays
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: William M. Tays
6. (c) Age of husband or wife if alive: years
7. Birth date of deceased: May (Month) 25 (Day) 1861 (Year)

8. AGE: Years 86 Months 8 Days 19 If less than one day hr. min.

9. Birthplace: Buchanan County (City, town, or county) Missouri (State or foreign country)
10. Usual occupation: at home
11. Industry or business: at home

MOTHER FATHER
12. Name: Harness
13. Birthplace: Unknown (City, town, or county) Unknown (State or foreign country)
14. Maiden name: (Unknown) Register
15. Birthplace: Unknown (City, town, or county) Unknown (State or foreign country)

16. (a) Informant: Tays Walker
(b) Address: R. R. #5, St. Joseph, Mo
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: 2/16/48 (Month) (Day) (Year)
(c) Place: burial or cremation: Pleasant Ridge Cemetery
18. (a) Signature of funeral director: Heaton-Borman
(b) Address: St. Joseph, Missouri
19. (a) 2-21-48 (Date received local registrar) (b) E. L. Jenkins (Registrar's signature) 343

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month February day 14 year 1948 hour 9 minute 18 P.M.
21. I hereby certify that I attended the deceased from Feb 1 1948, to Feb 7 1948, that I last saw he alive on Feb 7 1948 and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Cerebral hemorrhage	30 days
Due to arterio sclerosis	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations	
Of autopsy	

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

23. Signature: Collis Pounds (M. D. or other)
Address: Kirkpatrick Bldg Date signed: Feb 16-48
St. Joseph, Mo.

Jefferson City Printing Co. (Licensed Embalmer's Statement on Reverse Side)

Kent. Bldg.

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.....Eugene Wood.....

Licensed Embalmer No.....3804.....

P. O. Address 319 So 10th 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.