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 MAR 15 1948

Registration District No. 42

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 5124

State File No. 4084

Registrar's No. 298

1. PLACE OF DEATH:
(a) County: Buchanan
(b) City or town: Rural Bloomington Township
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 2 Mi. S.W. of Dekalb
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution: (Specify whether years, months or days)
In this community: Life

2. USUAL RESIDENCE OF DECEASED:
(a) State: Missouri (b) County: Buchanan
(c) City or town: Rural
(If outside city or town limits, write "RURAL")
(d) Street No.: 2 Mi. S.W. of DeKalb, Mo.
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country:

3. (a) PRINT FULL NAME: James Lovell Teaney
3. (b) If veteran, name war: No
3. (c) Social Security No.: None
4. Sex: Male
5. Color or race: White
6. (a) Single, widowed, married, divorced: Widowed
6. (b) Name of husband or wife: Laura L. Teaney
6. (c) Age of husband or wife if alive: years
7. Birth date of deceased: November (Month) 30 (Day) 1863 (Year)

8. AGE:	Years	Months	Days	If less than one day
	84	3	5	hr. min.

9. Birthplace: DeKalb (City, town, or county) Missouri (State or foreign country)
10. Usual occupation: Farmer
11. Industry or business: Farming
FATHER
12. Name: Paris Teaney
13. Birthplace: Unknown (City, town, or county) Kentucky (State or foreign country)
MOTHER
14. Maiden name: Eliza Wylie
15. Birthplace: Unknown (City, town, or county) Kentucky (State or foreign country)
16. (a) Informant: Mrs. Anna West
(b) Address: DeKalb, Mo.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: 3/8/48 (Month) (Day) (Year)
(c) Place: burial or cremation: Westlawn Cemetery
18. (a) Signature of funeral director: Heaton-Bowman
(b) Address: St. Joseph, Mo.
19. (a) 3-11-48 (Date received local registrar) (b) E. L. Jenkins (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 5 year 1948 hour 7 minute A.M.

21. I hereby certify that I attended the deceased from Feb. 2, 1948 to Mar 5, 1948 that I last saw him alive on Mar 4 1948 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Cerebral hemorrhage	1 day
Due to: Arteriosclerosis	
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: 2

23. Signature: R. J. Fleming (M.D. or other) DO
Address: Weston, Mo. Date signed: 3/6/48

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 William Goeding, Registered Apprentice No. 28, working under my personal supervision.

Signed Eugene Wood

Licensed Embalmer No. 3804

P. O. Address 319 So 10th St, 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.