No. 2
1/47
7-39

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

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED MAR 29 1948

Registration District No. 42

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

7957

State File No.

Primary Registration District No. 5125

Registrar's No. 338

1. PLACE OF DEATH:
(a) County: Buchanan
(b) City or town: Rural (Center Township) (If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 5½ Mi. So of City. (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) 1
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.: 5½ Mi. 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: Nancy Emma Mays
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: Single
6. (b) Name of husband or wife:
6. (c) Age of husband or wife if alive: years
7. Birth date of deceased: July (Month) 7 (Day) 1876 (Year)
8. AGE: Years 71 Months 8 Days 10 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
FATHER 12. Name: Samuel M. Mays
13. Birthplace: Unknown (City, town, or county) Kentucky (State or foreign country)
MOTHER 14. Maiden name: Ermine Bayliss
15. Birthplace: Unknown (City, town, or county) Kentucky (State or foreign country)
16. (a) Informant: Charles S. Mays
(b) Address: R.R. #5, St. Joseph, Mo.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: 3/19/48 (Month) (Day) (Year)
(c) Place: burial or cremation: Sparta Cemetery
18. (a) Signature of funeral director: Hatch-Bowman
(b) Address: St. Joseph, Mo.
19. (a) 3-22-48 (Date received local registrar) (b) E. C. Jenkins (Registrar's signature) 38-2

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 17 year 1948 hour 3 minute 50 P.M.
21. I hereby certify that I attended the deceased from 3/2/ 1948 to 3/16/ 1948 that I last saw him alive on 3/16 1948 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: LOBAR PNEUMONIA	2 WKS.
Due to:	
Due to:	
Other conditions (Include pregnancy within 3 months of death):	
Major findings: Of operations: 10 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) 0
While at work? (e) Means of injury:
23. Signature: W. S. Hull by WWW (M. D., ~~or other~~)
Address: Faucett, Mo. Date signed: 3/18/48

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.....

....., Registered Apprentice No.....,

working under my personal supervision.

Signed Eugene Wood

Licensed Embalmer No. 3804

P. O. Address 319 South St. Joseph, M

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.