FEDERAL SECURITY AGENCY
National Office of Vital Statistics

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 23635

FILED JUL 21 1948

Registration District No. 222 — Primary Registration District No. 4333 — Registrar's No.

1. PLACE OF DEATH:
(a) County Moniteau
(b) City or town Clarksberg Moreau
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Clarksberg - 1
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution (Specify whether
In this community 5 yrs
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Moniteau - 68
(c) City or town Carksberg 3
(If outside city or town limits, write "RURAL")
(d) Street No. —
(If rural, give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country none

3. (a) PRINT FULL NAME Mary-Jane-Kays
3. (b) If veteran, name war none
3. (c) Social Security No. none

4. Sex Female 1
5. Color or race White
6. (a) ~~Single, widowed~~, married, ~~divorced~~ married 1
6. (b) Name of husband or ~~wife~~ Joseph-Kays
6. (c) Age of husband or wife if alive 83 years
7. Birth date of deceased April (Month) 15 (Day) 1865 (Year)

8. AGE: Years 83 | Months 3 | Days 0 | If less than one day ..... hr. ..... min.

9. Birthplace unknown (City, town, or county) Ky (State or foreign country)
10. Usual occupation House-wife
11. Industry or business Home

FATHER
12. Name Mason-Lyons 9
13. Birthplace unknown (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name unknown
15. Birthplace unknown 9 (City, town, or county) (State or foreign country)

16. (a) Informant Joseph-Kays
(b) Address Clarksberg Mo
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 7-18-48 (Month) (Day) (Year)
(c) Place: burial or ~~cremation~~ Liberty-Cem-Camden-Co
18. (a) Signature of funeral director Kurt M Kays
(b) Address Eldon Mo
19. (a) July-19-48 (Date received local registrar) (b) Birdie Sturgis (Registrar's signature) 210

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 15
year 1948 hour 12 minute 05 A.M.

21. I hereby certify that I attended the deceased from July 8, 1948 July 15, 1948
that I last saw her alive on July 8, 1948
and that death occurred on the date and hour stated above.

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

97

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 [signature] (M.D. or other) DO
Address California - Mo Date signed 7/17/48

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

RECEIVED
District Health Officer No. 9,
District File Number
Date Filed JUL 20 1948

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 Keith M Kays

Licensed Embalmer No. 3998

P. O. Address Elkton Md

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.