V. S. No. 2
3M—9-4-41
Rev. 5-17-39
X29484

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 10547

FILED APR 7 1945
Registration District No. 11
Primary Registration District No. 6055
Registrar's No. 39

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1. PLACE OF DEATH:
(a) County St. Clair
(b) City or town Taberville Tebo Township
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: /
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution (Specify whether
In this community years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County St. Clair 93
(c) City or town Taberville, Mo.
(If outside city or town limits, write "RURAL")
(d) Street No.
(If rural, give location)
(e) Citizen of foreign country? 0 (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Della Mariah Hays
3. (b) If veteran, name war -
3. (c) Social Security No. -
4. Sex F /
5. Color or race W
6. (a) Single, widowed, married, divorced Widow
6. (b) Name of husband or wife Forges Hays
6. (c) Age of husband or wife if alive years
7. Birth date of deceased August (Month) 24 (Day) 1865 (Year)

8. AGE:	Years	Months	Days	If less than one day
	79	6	22	hr. min.

9. Birthplace Butler Co. (City, town, or county) Ohio / (State or foreign country)
10. Usual occupation Widow
11. Industry or business

FATHER
12. Name Robert Franklin Teetor 9
13. Birthplace Unknown / (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Almira Moore 9
15. Birthplace Unknown / (City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Birda Christensen
(b) Address Fargo, N. Dak
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Mar. 18, 1945 (Month) (Day) (Year)
(c) Place: burial or cremation Taberville Cemetery
18. (a) Signature of funeral director A W Waggoner
(b) Address Harwood, Missouri
19. (a) Mar-16-45 (Date received local registrar) (b) Ina M. Welles (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Mar. day 16 year 1945 hour 1 minute 30 A. M.
21. I hereby certify that I attended the deceased from Mar. 8, 1945, to Mar. 16, 1945
that I last saw her alive on Mar. 16, 1945
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Coronary Thrombosis	1 week
Due to arteriosclerosis	5 yrs.
Due to	

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations None Performed
Of autopsy None Performed

PHYSICIAN
Underline the cause to 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 M. O. Bjerke (M. D. or other) DO.
Address Rockville, Mo. Date signed 3/16/45

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

1358

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 7,
District File Number 3-45-243
Date Filed 4-5-45

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 O W Waggoner

Licensed Embalmer No. 2709

P. O. Address Harwood, Missouri

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.