S. No. 2
M—2-43
5-17-39
P1 X35697

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED MAR 3 1944

Registration District No. 2088

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 5960

State File No. 8023

Registrar's No. 15

1. PLACE OF DEATH:
(a) County Platte
(b) City or town Dearborn Rural, Green Twp.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: None
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution None (Specify whether years, months or days)
In this community 57 years

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Platte
(c) City or town Dearborn Missouri Rural
(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

3. (a) PRINT FULL NAME Lydia Tays
3. (b) If veteran, name war None
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 decedent January (Month) 2 (Day) 1887 (Year)

8. AGE: Years 57 Months 1 Days 6 If less than one day hr. min.

9. Birthplace Dearborn (City, town, or county) Missouri (State or foreign country)
10. Usual occupation House Keeping
11. Industry or business
MOTHER FATHER
12. Name John C. Tays
13. Birthplace North Carolina (City, town, or county) (State or foreign country)
14. Maiden name Susan Laupin
15. Birthplace Missouri (City, town, or county) (State or foreign country)
16. (a) Informant John Tays
(b) Address Dearborn, Missouri
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 2/10/1944 (Month) (Day) (Year)
(c) Place: burial or cremation Dearborn Cemetery
18. (a) Signature of funeral director Lucian Davis
(b) Address Dearborn Missouri
19. (a) 2/10/1944 (Date received local registrar) (b) Mollay Giffee (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feby day 8th. year 1944 hour 5 minute 15 A. M.
21. I hereby certify that I attended the deceased from November 14th, 1943 to February 8, 1944 that I last saw him alive on January 14th, 1944 and that death occurred on the date and hour stated above.

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

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 S. L. Denham (M. D.)
Address Dearborn Mo. Date signed 2-10-44

1209

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED

District Health Officer No. Pike

District File Number 3-44-22

Date Filed 3-1-44

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 Lucian Davis

Licensed Embalmer No. 41/60

P. O. Address Dearborn 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.