

S. No. 2
M-5-43
5-17-39
X36671

FILED AUG 20 1946

Registration District No. 42

Primary Registration District No. 1000

Registrar's No. 899

1. PLACE OF DEATH:

(a) County Buchanan

(b) City or town St. Joseph
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
2140 South 9th /
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 20 years (Specify whether years, months or days)

In this community 20 years (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Buchanan //

(c) City or town St. Joseph /
(If outside city or town limits, write "RURAL")

(d) Street No. 2140 South 9th /
(If rural, give location)

(e) Citizen of foreign country? no (Yes or No)

If yes, name country _____

3. (a) PRINT FULL NAME Robert L. Mayse, Sr.

3. (b) If veteran, name war none

3. (c) Social Security No. none

4. Sex male /

5. Color or race white

6. (a) Single, widowed, married, divorced married

6. (b) Name of husband or wife Alta M. Mayse

6. (c) Age of husband or wife if alive 66 years

7. Birth date of deceased April 16 1873
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>73</u>	<u>3</u>	<u>19</u>	hr. _____ min.

9. Birthplace Clinton County Missouri /
(City, town, or county) (State or foreign country)

10. Usual occupation retired groceryman

11. Industry or business self

MOTHER FATHER

12. Name William Mayse

13. Birthplace Clinton County Missouri /
(City, town, or county) (State or foreign country)

14. Maiden name Rebecca C. Church

15. Birthplace Rock Castle Co. Kentucky /
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Robert L. Mayse, Sr.

(b) Address St. Joseph, Mo.

17. (a) burial (Burial, cremation, or removal) (b) Date thereof 8/7/46
(Month) (Day) (Year)

(c) Place: burial or cremation Union Chapel Cemetery

18. (a) Signature of funeral director Walter Beale & Dawson

(b) Address St. Joseph, Mo.

19. (a) Aug. 12, 1946 (Date received local registrar) (b) [Signature] (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug. day 5th
year 1946 hour 1 minute P M.

21. I hereby certify that I attended the deceased from July 30, 1946 to Aug 5, 1946
that I last saw him alive on July 30, 1946
and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral hemorrhage

Due to Arteriosclerosis

Due to _____

Other conditions 1
(Include pregnancy within 3 months of death)

Major findings: g. 20

Of operations _____

Of autopsy _____

Duration July 46

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? _____

While at work? _____ (Specify type of place) (e) Means of injury _____

23. Signature [Signature] (M. D. or other)

Address St. Joseph (City or town)

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

25184

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

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.