

No. 2
-2-43
-17-39
X35697

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 87-850

FILED APR 18 1947
Registration District No. 201

Primary Registration District No. 201 4315

Registrar's No. _____

1. PLACE OF DEATH:

(a) County Macou
(b) City or town Zallata Mo
(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 62 yrs years, months or days) _____

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Macou
(c) City or town Zallata
(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 Leon Edward Tausil

3. (b) If veteran, name war A 3. (c) Social Security No. 493-03-3120

4. Sex M 5. Color or race W 6. (a) Single, widowed, married, divorced married
6. (b) Name of husband or wife Ruth Tausil 6. (c) Age of husband or wife if alive 55 years
7. Birth date of deceased Nov 19 - 1892
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
62 4 6 hr. min.

9. Birthplace Louise Mo (City, town, or county) (State or foreign country)

10. Usual occupation Cashier Bank

11. Industry or business _____

12. Name Leon Tausil

13. Birthplace Mo (City, town, or county) (State or foreign country)

14. Maiden name Minnie Tausil

15. Birthplace Mo (City, town, or county) (State or foreign country)

16. (a) Informant Mrs J Grantz
(b) Address Zallata Mo

17. (a) Burial (b) Date thereof Nov 25 - 1947
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Zallata

18. (a) Signature of funeral director J P Christie
(b) Address Zallata Mo

19. (a) 4-1-47 (b) Mrs O B Lippin
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov, day 25, year 1947 hour 2-30 minute 0 P. M.
21. I hereby certify that I attended the deceased from Nov 24, 1947, to Nov 25, 1947
that I last saw him _____ alive on _____, 19____;
and that death occurred on the date and hour stated above.

Immediate cause of death Coronary Infarction
Duration short

Due to _____
Due to _____
Other conditions (include pregnancy within 3 months of death) _____

Major findings: Of operations 047
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? _____

While at work _____ (Specify type of place) (e) Means of injury _____
23. Signature E H Sulley (M. D. or other) _____
Address Le Plata Mo Date signed 3-26-47

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

MAY 5 1948

RECEIVED

Health Officer No. 1647

APR 17 1947

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.....

D. S. Christie

Licensed Embalmer No. *1109*

P. O. Address.....

La Plata 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.