

REC'D FEB 11 1939

MISSOURI STATE BOARD OF HEALTH  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF DEATH

3650  
Do not use this space.

1. PLACE OF DEATH  
(a) County Reynolds 2 Registration District No. 954  
(b) Township Carroll Primary Registration District No. 5979a  
(c) City \_\_\_\_\_ (d) Street No. \_\_\_\_\_ St.  
(If death occurred in Hospital or Institution, write its name instead of street and number)  
(e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.  
2. PRINT FULL NAME Kenneth Darrel Hayer  
(a) Residence, No. \_\_\_\_\_ St.  (If nonresident, give city or town and State)  
(Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)  
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF \_\_\_\_\_  
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) April 17, 1938  
7. AGE YEARS MONTHS DAYS IF LESS than 1 day, ..... hrs. or ..... min.  
4 13  
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.  
9. Industry or business in which work was done, as saw mill, bank, etc.  
10. Date deceased last worked at this occupation (month and year) \_\_\_\_\_ 11. Total time (years) spent in this occupation \_\_\_\_\_  
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Greely Missouri  
13. NAME Clinton Hayer  
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Hogay Mo.  
15. MAIDEN NAME Flossie Smith  
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Cata, Mo.  
17. INFORMANT (ADDRESS) Emory Hayer  
18. BURIAL, CREMATION, OR REMOVAL PLACE Smith Cemetery DATE Aug. 31 1938  
19. FUNERAL DIRECTOR (ADDRESS) \_\_\_\_\_  
20. FILED Jan 20 1939 Shirleya Peck Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Aug 30 1938  
22. I HEREBY CERTIFY, That I attended deceased from Aug 28 1938, to Aug 30 1938  
I last saw him alive on Aug 28 1938. Death is said to have occurred on the date stated above, at 1:05 P.M.  
The principal cause of death and related causes of importance were as follows:  
Robert pneumonia  
of right lung.  
105  
Other contributory causes of importance: \_\_\_\_\_  
Name of operation \_\_\_\_\_ Date of \_\_\_\_\_  
What test confirmed diagnosis? \_\_\_\_\_ Was there an autopsy? \_\_\_\_\_  
23. If death was due to external causes (violence), fill in also the following:  
Accident, suicide, or homicide? \_\_\_\_\_ Date of injury \_\_\_\_\_ 19\_\_\_\_  
Where did injury occur? \_\_\_\_\_ (Specify city or town, county, and State)  
Specify whether injury occurred in industry, in home, or in public place.  
Manner of injury \_\_\_\_\_  
Nature of injury \_\_\_\_\_  
24. Was disease or injury in any way related to occupation of deceased? no  
If so, specify \_\_\_\_\_ (Signed) L. L. Henson M. D.  
Becker, Mo.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

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**STATEMENT BY LICENSED EMBALMER**

I, ....., Licensed Embalmer No.....

hereby certify that the body recorded on the reverse side of this certificate was embalmed by.....

..... L. E. ....

No..... or by....., Registered Apprentice No.....

working under my personal supervision.

Signed.....

Licensed Embalmer No.....

**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.)**