

AUG 12 1939

 MISSOURI STATE BOARD OF HEALTH  
 BUREAU OF VITAL STATISTICS  
 CERTIFICATE OF DEATH
25595  
Do not use this space.

## 1. PLACE OF DEATH

 (a) County Greene Registration District No. 317  
 (b) Township Republic Primary Registration District No. 4192 Registered No. \_\_\_\_\_  
 (c) City \_\_\_\_\_ (d) Street No. \_\_\_\_\_  
 (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

Rutherford Bert Hays  
 (a) Residence, No. Republic Mo 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) married

 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Lillie Hays
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) May 22-1879
 7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.  
60 2 \_\_\_\_\_

 OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. farmer  
 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) Mo.13. NAME Jim Hays14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) unknown15. MAIDEN NAME Malinda Mooneyham16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) unknown17. INFORMANT Edward Hays (ADDRESS) Republic, Mo.18. BURIAL, CREMATION, OR REMOVAL PLACE Evergreen near Republic, Mo. DATE July 24, 193919. FUNERAL DIRECTOR (NAME) J. W. Maple (ADDRESS) Clever, Mo.20. FILED July 23, 1939 Mrs. Bertha Nance Local Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 22-193922. I HEREBY CERTIFY, That I attended deceased from July 3, 1939 to July 22, 1939I last saw him alive on July 22, 1939 Death is said to have occurred on the date stated above, at 1-45 P. M.

The principal cause of death and related causes of importance were as follows:

Carcinoma of the Stomach

Date of onset

Other contributory causes of importance: 46Name of operation none Date of \_\_\_\_\_What test confirmed diagnosis? \_\_\_\_\_ Was there an autopsy? no

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) J. F. Cooper M.D., M. D.(Address) Clever, Mo.

**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 me

....., Registered Apprentice No.....

working under my personal supervision.

Signed

J. H. Maples

Licensed Embalmer No. 2985

P. O. Address Clever, 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, above space should be left blank.**