

AUG 19 1939

Registration District No. 719

Primary Registration District No. 6094A

Registrar's No. _____

1. PLACE OF DEATH:

(a) County ST. FRANCOIS
(b) City or town DEBARGE Missouri
(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 _____
In this community _____
years, months or days

3. (a) PRINT FULL NAME EDWARD HAYS 200

3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex MALE 5. Color or race WHITE 6. (a) Single, widowed, married, divorced MARRIED

6. (b) Name of husband or wife LARA TALLEY HAYS 6. (c) Age of husband or wife if alive 32 years

7. Birth date of deceased MARCH 31 1902
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>37</u>	<u>3</u>	<u>27</u>	hr. _____ min. _____

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

10. Usual occupation MINER

11. Industry or business LEAD MINES

12. Name CHARLES HAYS

18. Birthplace TENN. (City, town, or county) (State or foreign country)

14. Maiden name MARtha LEDFORD

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

16. (a) Informant's own signature Mrs Lara Hays

(b) Address DEBARGE MO

17. (a) BURIAL (b) Date thereof _____ (Month) (Day) (Year)

(c) Place: burial or cremation SUNLIGHT July 30 1939

18. (a) Signature of funeral director C. J. Bayer

(b) Address DeBarge Mo

19. (a) July 29 (b) W. P. Luckworth (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Francois
(c) City or town DeBarge
(If outside city or town limits, write "RURAL")
(d) Street No. _____ (If rural, give location)
(e) If foreign born, how long in U. S. A.? _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH Month July day 28
year 1939 hour 7:10 minute 0 M.

21. I hereby certify that I attended the deceased from June 1, 1939, to July 28, 1939;
that I last saw him alive on July 28, 1939;
and that death occurred on the date and hour stated above.

Immediate cause of death Bronch Pneumonia

Due to Effluviae Dementiae 26 days
near splenic 28 days
Due to Pyogenic sepsis 60 "

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

Major findings: _____
Of operations _____

Of autopsy no

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 _____

700 Signature W. P. Luckworth (M. D. or other)

Address DeBarge Mo Date signed 7/29/39

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.

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 C. Z. Buyer.
Licensed Embalmer No 1672
P. O. Address Wesley, 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.