DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED MAR 16 1940

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 7824

Registration District No. 110

Primary Registration District No. 5939

Registrar's No.

1. PLACE OF DEATH:

(a) County Polk Mountain Twp

(b) ~~City or town~~ Rural

(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 years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Polk

(c) City or town Rural

(If outside city or town limits, write "RURAL")

(d) Street No. 0

(If rural, give location)

(e) If foreign born, how long in U. S. A.? years.

3. (a) PRINT FULL NAME Ethro Sumner Bays Ind

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 Widower

6. (b) Name of husband or wife

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

7. Birth date of deceased Sept. - 24 - 1869 (Month) (Day) (Year)

8. AGE: Years 70 Months 4 Days 18 If less than one day hr. min.

9. Birthplace Pleasant Hope (City, town, or county) (State or foreign country)

10. Usual occupation Farmer

11. Industry or business

FATHER
12. Name Benton H. Bays
13. Birthplace Missouri (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Elizabeth Clark
15. Birthplace Missouri (City, town, or county) (State or foreign country)

16. (a) Informant's own signature J. A. Bays

(b) Address Springfield

17. (a) burial (Burial, cremation, or removal) (b) Date thereof Feb 15 40 (Month) (Day) (Year)

(c) Place: burial or cremation Brighton

18. (a) Signature of funeral director Hutcheson & Co ~~Blue~~

(b) Address Bolivar Mo

19. (a) Feb 14 - 40 (Date received local registrar) (b) Estelle Benton (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb day 12 year 1940 hour 4 minute A. M.

21. I hereby certify that I attended the deceased from , 19 , to , 19 ; that I last saw h alive on , 19 ; and that death occurred on the date and hour stated above.

Immediate cause of death He was found dead in bed, had not been sick

Due to Coronary Occlusion

Due to

Other conditions (Include pregnancy within 3 months of death) 94 B.

Major findings:
Of operations

~~Of~~ autopsy No

Duration

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? (Specify type of place)

While at work? (e) Means of injury

23. Signature S B Hutcheson Coroner (~~M. D.~~ or other)

Address Bolivar Date signed Feb 12

(Licensed Embalmer's Statement on Reverse Side)

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

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.

Rev. 5-17-39 I X19511

RECEIVED
District Health Officer No. 7,
District File Number 3-40-454
Date Filed 3-13-40

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 Therald Marshall

Licensed Embalmer No. 3519

P. O. Address Bolivar 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.