12115

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No.

Registration District No. 756 Primary Registration District No. 5958 Registrar's No.

1. PLACE OF DEATH:
(a) County Ralls
(b) ~~City or town~~ Rural - Saverton Township
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: R.R. #3 - Hannibal, Mo (Ralls Co.)
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution — 2 (Specify whether
In this community 15 years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Ralls
(c) City or town Rural (Saverton Township)
(If outside city or town limits, write "RURAL")
(d) Street No. R.R. #3 Hannibal, Mo.
(If rural, give location)
(e) If foreign born, how long in U. S. A.? — years.

3. (a) PRINT FULL NAME LUCY HENRIETTA HAYES
3. (b) If veteran, name war —
3. (c) Social Security No. —

4. Sex Female
5. Color or race White
6. (a) Single, widowed, married, divorced Widowed
6. (b) Name of husband or wife William G. Hayes
6. (c) Age of husband or wife if alive — years
7. Birth date of deceased Feb. (Month) 27 (Day) 1862 (Year)

8. AGE: Years 78 Months 0 Days 29 If less than one day hr. min.

9. Birthplace Montgomery County (City, town, or county) Mo. (State or foreign country)
10. Usual occupation At home
11. Industry or business On farm
FATHER
12. Name James Mulhearn
13. Birthplace Dont Know (City, town, or county) (State or foreign country)
MOTHER
14. Maiden name F. Watts
15. Birthplace Dont Know (City, town, or county) (State or foreign country)
16. (a) Informant's own signature C. A. Hayes
(b) Address Route #3 Hannibal Mo
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 3/28/1940 (Month) (Day) (Year)
(c) Place: burial or cremation Mt. Olivet Cemetery
18. (a) Signature of funeral director Roy P. Schwartz
(b) Address Hannibal, Mo.
19. (a) 3-30-40 (Date received local registrar) (b) Blanche Megown (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 26th year 1940 hour 4:20 minute A. M.
21. I hereby certify that I attended the deceased from Feby 15, 1940, to Mch 26, 1940 that I last saw her alive on Mch 25, 1940 and that death occurred on the date and hour stated above.

Immediate cause of death Influenza with acute Indigestion — Duration 4 wks 2 days
Due to Flu Infection
Due to Error in diet Chronic Bronchitis
Other conditions Large Ventral Hernia due to gall bladder operation
(Include pregnancy within 3 months of death)
Major findings: Of operations in 1916
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? 6 52 (Specify type of place)
While at work? (e) Means of injury

23. Signature H. L. Banks (M. D. or other)
Address Hannibal Mo Date signed 3-27-40

(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.
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RECEIVED
District Health Officer No. 10
District File Number 4-40-789
Date Filed APR 10 1940

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 Roy P. Schwartz, Registered Apprentice No.....,
working under my personal supervision.

Signed Roy P. Schwartz

Licensed Embalmer No. 1765

P. O. Address Hannibal 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.