

12758

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No.

FILED APR 25 1940

Registration District No.

Primary Registration District No.

Registrar's No.

1. PLACE OF DEATH:

(a) County Washington / Britton, 2 yrs
(b) City or town Potosi, Mo
(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 3
(Specify whether

In this community
years, months or days)

3. (a) PRINT FULL NAME John F Bays 200

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

4. Sex m 5. Color or race w 6. (a) Single, widowed, married, divorced married

6. (b) Name of husband or wife Josie Bays 6. (c) Age of husband or wife if alive 52 years

7. Birth date of deceased Feb 24 1882
(Month) (Day) (Year)

8. AGE: Years 58 Months 0 Days 17 If less than one day hr. min.

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

10. Usual occupation Farmer

11. Industry or business

MOTHER FATHER
12. Name George Bays
13. Birthplace Washington Mo
(City, town, or county) (State or foreign country)
14. Maiden name Bliss Berner
15. Birthplace Washington Mo
(City, town, or county) (State or foreign country)

16. (a) Informant's own signature Lloyd Bays

(b) Address Shelby Mo

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

(c) Place: burial or cremation Potosi Mo 15 1940

18. (a) Signature of funeral director Shanks

(b) Address Potosi Mo

19. (a) April 1 40 (b) G. Creswell
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Washington
(c) City or town Potosi R.H.
(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 Mar day 11
year 1940 hour 8 P.M. minute M.

21. I hereby certify that I attended the deceased from July, 1939, to Mar, 1940
that I last saw him live on Mar 9, 1940
and that death occurred on the date and hour stated above.

Immediate cause of death Carcinoma Rectum

Due to

Due to 46

Other conditions (Include pregnancy within 3 months of death)

Major findings:
Of operations

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?

While at work? (Specify type of place) (e) Means of injury

23. Signature [Signature] (M. D. or other) Address [Address] Date signed

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

Rev. 5-17-39
I 19311

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.....

Murphy Linnwood Sparks, Registered Apprentice No. *241*
working under my personal supervision.

Signed.....

Eved Sparks

Licensed Embalmer No. *2679*

P. O. Address.....

Clevin 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.

Registration District No. 887

Primary Registration District No. 6179

Registrar's No.

1. PLACE OF DEATH:

(a) County Wash
(b) City or town Britton
(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 (Specify whether years, months or days)

3. (a) PRINT FULL NAME John T. Bays

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

4. Sex m 5. Color or race W 6. (a) Single, widowed, married divorced m

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

7. Birth date of deceased (Month) (Day) (Year)

8. AGE: Years 38 Months 0 Days 17 If less than one day hr. min.

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

10. Usual occupation

11. Industry or business

MOTHER FATHER { 12. Name

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

14. Maiden name

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

16. (a) Informant

(b) Address

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

(c) Place: burial or cremation

18. (a) Signature of funeral director

(b) Address

19. (a) may 10 40 (b) G. Creswell (Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Wash

(c) City or town Polson, Md (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 Mar day 11 year 1940 hour minute 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

Due to

Due to

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations

Of autopsy

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?

While at work? (Specify type of place) (e) Means of injury

23. Signature G. T. Creswell (M.D. or other)

Address Paton Date dictated

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

SUPPLEMENTARY

S-12758 1940