

Registration District No. 735Primary Registration District No. 3034Registrar's No. 80

1. PLACE OF DEATH:

- (a) County Randolph
 (b) City or town Moberly
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution:
819 No Ault
 (If not in hospital or institution, write street number or location) 2
 (d) Length of stay: In hospital or institution _____
 (Specify whether _____)
 In this community _____
 years, months or days)

3. (a) PRINT FULL NAME John James Hayes 201

8. (b) If veteran, name war _____ 8. (c) Social Security No. _____

4. Sex male 5. Color or race White
 6. (a) Single, widowed, married, divorced Widowed
 6. (b) Name of husband or wife Sarah J. Hayes
 6. (c) Age of husband or wife if alive _____ years
 7. Birth date of deceased Jan. 27th 1849
 (Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
91 2 4 hr. min.9. Birthplace Mo
 (City, town, or county) (State or foreign country)10. Usual occupation Retired11. Industry or business Wabash RR Shops12. Name John Hayes18. Birthplace Ireland
 (City, town, or county) (State or foreign country)14. Maiden name Mary Westfall15. Birthplace Va
 (City, town, or county) (State or foreign country)16. (a) Informant's own signature Mrs J. W. Ballinger(b) Address Moberly Mo17. (a) Burial (b) Date thereof Apr. 3rd 1940
 (Burial, cremation, or removal) (Month) (Day) (Year)(c) Place: burial or cremation Moberly Mo18. (a) Signature of funeral director Mahan and Son(b) Address Moberly Mo19. (a) Apr. 3-1940 (b) Seale Williams
 (Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

- (a) State Missouri (b) County Randolph
 (c) City or town Moberly
 (If outside city or town limits, write "RURAL")
 (d) Street No. 819 No Ault
 (If rural, give location)
 (e) If foreign born, how long in U. S. A. _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 1st
 year 1940 hour 5 minute 10 P. M.21. I hereby certify that I attended the deceased from
such, 27th to Apr. 1 - 1940
 that I last saw him alive on Apr. 1 - 1940
 and that death occurred on the date and hour stated above.Immediate cause of death myocarditis, chronic
 Duration _____

Due to _____

Due to _____

Other conditions ABC
 (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?
925While at work? _____ (Specify type of place)
 (a) Manner of injury RE23. Signature Seale Williams (M. D. or other) MDAddress Moberly Mo Date signed 4-3-1940

RECEIVED

District Health Officer No. 10

District File Number 5-40-1068

Date Filed MAY 15 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.....

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

working under my personal supervision.

Signed Frank D. DeWitt

Licensed Embalmer No. 3021

P. O. Address Moberly, 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.