

**MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH**

17969

Do not use this space.

1. PLACE OF DEATH 2

(a) County BUCHANAN Registration District No. 84

(b) Township Rush Primary Registration District No. 5/11

(c) City RUSHVILLE (d) Street No. R. R. 1 St.

(e) Length of residence in city or town where death occurred 35 yrs. mos. da. (f) How long in U. S., if of foreign birth? yrs. mos. da.

2. PRINT FULL NAME MORGAN REYNO. HAYS

(a) Residence, No. RUSHVILLE, MO. St. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX MALE 4. COLOR OR RACE WHITE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) MARRIED

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF LENORA FRANCES HAYS

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) MARCH 27, 1872

7. AGE YEARS	MONTHS	DAYS	If LESS than 1 day, hrs. or min.
67	10	0	

OCCUPATION

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. A FARMER

9. Industry or business in which work was done, as saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation 50

12. BIRTHPLACE (CITY OR TOWN) NEW MARKET
(STATE OR COUNTRY) MISSOURI

FATHER

13. NAME JAMES W. HAYS

14. BIRTHPLACE (CITY OR TOWN) unknown
(STATE OR COUNTRY) TENNESSEE

MOTHER

15. MAIDEN NAME MARTHA MAGET

16. BIRTHPLACE (CITY OR TOWN) NEW MARKET
(STATE OR COUNTRY) MISSOURI

17. INFORMANT LENORA FRANCES HAYS
(ADDRESS) RUSHVILLE

18. BURIAL, CREMATION, OR REMOVAL
PLACE SUGAR CREEK DATE JAN 29 1940

19. FUNERAL DIRECTOR (NAME) Wm. Stanton
(ADDRESS) ATCHISON, KANSAS

20. FILED 1-29-1940 L. N. Kincaid
Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan 27, 1940

22. I HEREBY CERTIFY, That I attended deceased from 11/8, 1939, to 1, 1940

I last saw h. alive on 11/8, 1939. Death is said to have occurred on the date stated above, at 11/8 m.

The principal cause of death and related causes of importance were as follows:

Cancer (Undetermined Organ)

Date of onset 53

Other contributory causes of importance:
Chronic Myocarditis 3 yrs
Hypertrophied Prostate 2 yrs

Name of operation _____ Date of _____

What test confirmed diagnosis? _____ Was there an autopsy? _____

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? _____ Date of injury _____, 19____
Where did injury occur? _____ (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.

Manner of injury _____
Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased?
If so, specify _____
(Signed) Frank H. Stone, M. D.
84 (Address) Atchison, Kansas

WHITE PLAINLY, WITH UNFADING INK---THIS IS 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.

RECEIVED
District Health Officer No. 11,
District File Number 640-963
Date Filed JUN 1 1950

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.....

Licensed Embalmer No.....

P. O. Address.....

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.