V. S. No. 2
M—11-40-10
Rev. 5-17-39
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

JUN 14 1940

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

19750

State File No.

Registration District No. 849 Primary Registration District No. 6114 Registrar's No. 9

1. PLACE OF DEATH:

(a) County Sullivan

(b) City or town Green Castle (If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: 2 (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution (Specify whether

In this community Life years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Sullivan

(c) City or town Green Castle Mo (If outside city or town limits, write "RURAL")

(d) Street No. 0 Rural (If rural, give location)

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

3. (a) PRINT FULL NAME James Linzey Hays 200

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 married

6. (b) Name of husband or wife Dolly Hays

6. (c) Age of husband or wife if alive 81 years

7. Birth date of deceased December 2, 1857 (Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
82	5	3	hr. min.

9. Birthplace ~~Don't know~~ Monroe Co. Kentucky (City, town, or county) (State or foreign country)

10. Usual occupation Stockman

11. Industry or business Handled stock

FATHER
12. Name Jesse H. Hays
13. Birthplace Don't know (City, town, or county) Kentucky (State or foreign country)

MOTHER
14. Maiden name May Elizabeth Frazier
15. Birthplace Don't know (City, town, or county) Kentucky (State or foreign country)

16. (a) Informant Dolly Hays

(b) Address Green Castle Mo

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof May 6 1940 (Month) (Day) (Year)

(c) Place: burial or cremation Holliday

18. (a) Signature of funeral director Glenn E. Kent & Son

(b) Address Green City Mo.

19. (a) May 31-1940 (Date received local registrar) (b) Virginia Gibson (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 5 year 1940 hour 9 minute a M.

21. I hereby certify that I attended the deceased from May 1, 1940 to May 5, 1940 that I last saw him alive on May 3, 1940 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Nephritis	year
Due to —	
Due to —	
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? — (Specify type of place)

While at work? — (e) Means of injury —

23. Signature Chas. W. Lewis (M. D. or other)

Address Greencastle Date signed 5/8/40

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 10
District File Number 6-40-1118
Date Filed JUN 6 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 Archie W Wade

Licensed Embalmer No. 3037

P. O. Address Greenleaf Me

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.