

No. 2  
4-13-40  
5-17-39  
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DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

State File No. 43459

JAN 25 1941

Registration District No. 668

Primary Registration District No. 3032

Registrar's No. 392

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

1. PLACE OF DEATH:  
 (a) County Pettis  
 (b) City or town Sedalia  
(If outside city or town limits, write "RURAL" and name of township)  
 (c) Name of hospital or institution:  
Bothwell Memorial Hospital  
(If not in hospital or institution, write street number or location)  
 (d) Length of stay: in hospital or institution two days  
(Specify whether in this community \_\_\_\_\_ years, months or days)

3. (a) PRINT FULL NAME Harmon Wesley Hays  
 3. (b) If veteran, name war none  
 3. (c) Social Security No. 703-03-3712

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced. Divorced  
 6. (b) Name of husband or wife Sadie Stanton 6. (c) Age of husband or wife if alive \_\_\_\_\_ years

7. Birth date of deceased. November 12, 1913  
(Month) (Day) (Year)

8. AGE: Years 27 Months 1 Days 5 If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

9. Birthplace Sedalia, Pettis County, Mo.  
(City, town, or county) (State or foreign country)

10. Usual occupation Laborer

11. Industry or business \_\_\_\_\_

MOTHER FATHER  
 12. Name Robert W. Hays  
 13. Birthplace Morgan County, Mo.  
(City, town, or county) (State or foreign country)  
 14. Maiden name Bertha M. Bozarth  
 15. Birthplace Clinton County, Mo.  
(City, town, or county) (State or foreign country)

16. (a) Informant Robert W. Hays (father)  
 (b) Address 407 North Hurley

17. (a) Burial (b) Date thereof Dec. 19, 1940  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Crown Hill-Sedalia,

18. (a) Signature of funeral director Hessane Curran  
 (b) Address Sedalia, Missouri

19. (a) 12/29/40 (b) Miss. Harry Sneed  
(Date received local Registrar) (Registrar's Signature)

2. USUAL RESIDENCE OF DECEASED:  
Missouri Pettis  
 (a) State \_\_\_\_\_ (b) County \_\_\_\_\_  
 (c) City or town Sedalia  
(If outside city or town limits, write "RURAL")  
 (d) Street No. 407 North Hurley  
(If rural, give location)  
 (e) If foreign born, how long in U. S. A.? \_\_\_\_\_ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec 17 day \_\_\_\_\_ 12 year \_\_\_\_\_ M. minute \_\_\_\_\_  
 21. I hereby certify that I attended the deceased from Dec 15 40 to Dec 17 40 that I last saw him alive on Dec 17 40 and that death occurred on the date and hour stated above.

Immediate cause of death Pistol shot wound in head  
 Due to \_\_\_\_\_  
 Due to \_\_\_\_\_

Other conditions Older Lung  
(Include pregnancy within 3 months of death)

Major findings: Of operations \_\_\_\_\_  
 Of autopsy 167

Duration \_\_\_\_\_  
 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) suicide  
 (b) Date of occurrence Dec 17-40  
 (c) Where did injury occur? His home  
(City or town) (County) (State)  
 (d) Did injury occur in or about home, on farm, in industrial place, in public place? no

(Specify type of place) \_\_\_\_\_  
 While at work? no (e) Means of injury Pistol  
 23. Signature J. W. Mitchell (M. D. or other) MD.  
 Address Sedalia Date signed 15

WV 40

Dr. Mitchell

RECEIVED  
District Health Officer No. 8,  
District File Number  
Date Filed 1-14-41

**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

*Duane Ewing*

Licensed Embalmer No.

*3847*

P. O. Address

*Sedalia 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, fact should be so stated above.