

MAILED JAN 25 1948

Registration District No. \_\_\_\_\_

Primary Registration District No. 4404

Registrar's No. \_\_\_\_\_

1. PLACE OF DEATH:

Phelps.

- (a) County \_\_\_\_\_
- (b) City or town St James, Missouri  
(If outside city or town limits, write "RURAL" and name of township)
- (c) Name of hospital or institution: X  
(If not in hospital or institution, write street number or location)
- (d) Length of stay: In hospital or institution \_\_\_\_\_  
(Specify whether years, months or days) 25 years.

3. (a) PRINT FULL NAME Sylvester M. Bayo.

3. (b) If veteran, name war \_\_\_\_\_ 3. (c) Social Security No. \_\_\_\_\_  
Spanish American.

4. Sex Male 5. Color of race White 6. (a) Single, widowed, married, divorced Married.

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

7. Birth date of deceased April, 28th, 1879  
(Month) (Day) (Year)

8. AGE: Years 61 Months 7 Days 23 If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

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

10. Usual occupation Retired.

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

12. Name Not Known.

13. Birthplace Not Known.  
(City, town, or county) (State or foreign country)

14. Maiden name "

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

16. (a) Informant: mo Allie Davis

(b) Address St James, Missouri

17. (a) Burial (b) Date thereof: 12-23-40  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Masonic Church

18. (a) Signature of funeral director John & Roman

(b) Address St James, Mo

19. (a) 12/20/40 (b) Elmer B. Hout  
(Date received local Registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

- (a) State Missouri. (b) County Phelps.
- (c) City or town St James, Missouri.  
(If outside city or town limits, write "RURAL")
- (d) Street No. X  
(If rural, give location)
- (e) If foreign born, how long in U. S. A.? \_\_\_\_\_ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec day 21  
year 1940 hour 6.30 minute 0 M.

21. I hereby certify that I attended the deceased from July 15, 1940, to Dec 21, 1940, and that death occurred on the date and hour stated above.

Immediate cause of death Coronary occlusion

Due to Arteriosclerosis & Hypertension

Due to \_\_\_\_\_

Other conditions giff  
(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) (or) (Means of injury)

23. Signature Elmer B. Hout (M. D. or other) \_\_\_\_\_  
Address St James Mo Date signed 12/24/40

Duration

1 1/2

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

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**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.....

*Harry Jones*....., Registered Apprentice No.....  
working under my personal supervision.

Signed *Harry Jones*.....

Licensed Embalmer No. *2678*.....

P. O. Address *Steelville, 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.**