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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

44058

State File No. _____

REC'D JAN 23 1949

Registration District No. 827

Primary Registration District No. 4500

Registrar's No. 31

1. PLACE OF DEATH:

(a) County Shelby
(b) City or town Clarence
(c) Name of hospital or institution:
(If outside city or town limits, write "RURAL" and name of township)
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____
In this community 40 years (Specify whether years, months or days) 2

8. (a) PRINT FULL NAME Panola Anna Hayes

3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex F 5. Color or race W 6. (a) Single, widowed, married, divorced Widow

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

7. Birth date of deceased April 16 1857
(Month) (Day) (Year)

8. AGE: Years 83 Months 7 Days 23 If less than one day _____ hr. _____ min.

9. Birthplace West Va. (City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business _____

MOTHER FATHER { 12. Name Edward Grapevine
13. Birthplace New Jersey (City, town, or county) (State or foreign country)
14. Maiden name Sophia Thomas
15. Birthplace New Jersey (City, town, or county) (State or foreign country)

16. (a) Informant Angie McClinton
(b) Address Clarence Mo

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

(c) Place: burial or cremation Clarence Mo

18. (a) Signature of funeral director E. Hayes

(b) Address Shelby Mo

19. (a) Dec 11 - 1940 (b) Roy Hamilton
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Shelby
(c) City or town Clarence (If outside city or town limits, write "RURAL")
(d) Street No. 0 (If rural, give location)
(e) If foreign born, how long in U. S. A.? _____ years

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec day 9
year 1940 hour 8 pm minute _____ M.

21. I hereby certify that I attended the deceased from May 1940
_____ 19 _____ to Dec 9 1940 19 _____
that I last saw her alive on Dec 7 19 40
and that death occurred on the date and hour stated above.

Immediate cause of death Diabetes mellitus Duration 3 yrs

Due to _____ 54
Due to _____

Other conditions Cerebral Thrombosis 3 months
(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? _____

751
While at work? _____ (Specify type of place) (e) Means of injury _____

23. Signature N. L. Hauler (M. D. of office) Clarence
Address _____ Date signed 10 1940

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

RECEIVED

District Health Officer No. 10

District File Number 1-41-92

Date Filed JAN 13 1944

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 E. Hayes

Licensed Embalmer No. 1437

P. O. Address Shelburne

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.