S. ... 2
—11-10-39
. 5-17-39
I X21492

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED MAR 20 1941

Registration District No. 97

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 4059

State File No. 6464

Registrar's No. 1

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

300

1. PLACE OF DEATH:

(a) County Caldwell

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

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

(d) Length of stay: In hospital or institution ____ (Specify whether In this community 74years years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State MO (b) County Caldwell 13

(c) City or town / Hamilton 1
(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.? ____ 0 years.

3. (a) PRINT FULL NAME Emma Mann Bayes

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

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Widowed

6. (b) Name of husband or wife Miles Bays 6. (c) Age of husband or wife if alive ____ years

7. Birth date of deceased March 30, 1866 (Month) (Day) (Year)

8. AGE: Years 74 Months 10 Days 28 If less than one day ____ hr. ____ min.

9. Birthplace Monroe Twp. Davies Co. Mo. (City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business ____

FATHER
12. Name Milton Mann
13. Birthplace Kentuckey / (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Julia Ann Luck
15. Birthplace Kentuckey / (City, town, or county) (State or foreign country)

16. (a) Informant Wood McCreary
(b) Address Kidder, Mo.

17. (a) Burial Fork Cem. (Burial, cremation, or removal) (b) Date thereof March 2, 1941 (Month) (Day) (Year)
(c) Place: burial or cremation Lick Fork Cem. Davies Co. Mo.

18. (a) Signature of funeral director Bram Funeral Home
(b) Address Hamilton, Mo.

19. (a) March -1- (Date received local registrar) (b) H. F. Powell (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb day 28 year 1941 hour 10 minute 15 A. M.

21. I hereby certify that I attended the deceased from Feb. 24, 1941, to Feb 28, 1941; that I last saw her alive on Feb 28, 1941; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Uremic poisoning	
Due to Chronic Nephritis	
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)
(e) While at work? ____ (e) Means of injury ____

23. Signature A. L. Darvey (M. D. or other) D.O.
Address Kidder, Mo. Date signed March 1-41

(Licensed Embalmer's Statement on Reverse Side)

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 me

....., Registered Apprentice No.....

working under my personal supervision.

Signed P. J. A. Brann

Licensed Embalmer No. 3052

P. O. Address Hamilton Me

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply wit the above constitutes grounds for revocation of license.)

If this body is not embalmed, above space should be left blank.