

FILED MAY 13 1941

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

State File No. 15410  
Registrar's No. 33

Registration District No. 653 Primary Registration District No. 5864

1. PLACE OF DEATH:

(a) County Deming  
(b) City or town Hayti, Mo. Route #1  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution: Home  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether)  
In this community 3 or 4 ho. years, months or days (Specify whether)

3. (a) PRINT FULL NAME LAWANDA Mays

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

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

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

7. Birth date of deceased May 5 - 1941  
(Month) (Day) (Year)

8. AGE: Years \_\_\_\_\_ Months \_\_\_\_\_ Days \_\_\_\_\_ If less than one day 3 hr. 20 min.

9. Birthplace Hayti, Mo. R #1  
(City, town, or county) (State or foreign country)

10. Usual occupation Infant

11. Industry or business ✓

12. Name Frank Mays

13. Birthplace Pa.  
(City, town, or county) (State or foreign country)

14. Maiden name Ella Mays Wright

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

16. (a) Informant Frank Mays (Father)

(b) Address Hayti, Mo. R #1

17. (a) Burial (b) Date thereof May 5 1941  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Concord Mo.

18. (a) Signature of funeral director Frank Wright

(b) Address Hayti, Mo. R #1

19. (a) 5-5-41 (b) Leola Kelley  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State MO (b) County Deming  
(c) City or town Hayti, Mo. Route #1  
(If outside city or town limits, write "RURAL")  
(d) Street No. \_\_\_\_\_ (If rural, give location)  
(e) If foreign born, how long in U. S. A.? 0 years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 5  
year 1941 hour 3 minute 9 P. M.

21. I hereby certify that I attended the deceased from 5-5-1941 to 5-5-1941;  
that I last saw her alive on 5-5-1941;  
and that death occurred on the date and hour stated above.

Immediate cause of death premature birth  
6 mos.

Due to \_\_\_\_\_  
Due to \_\_\_\_\_  
Other conditions (include pregnancy within 3 months of death) 10

PHYSICIAN  
Major findings: \_\_\_\_\_  
Of operations \_\_\_\_\_  
Of autopsy \_\_\_\_\_  
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?  
946 (Specify type of place) (e) Means of injury \_\_\_\_\_

23. Signature Offline (M. D. or other) D  
Address Hayti, Mo. Date signed 5-5-41

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

5-41-7

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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 .....

....., Registered Apprentice No.....  
working under my personal supervision.

Signed.....

Licensed Embalmer No.....

P. O. Address.....

**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.**