

No. 2  
12-40  
17-39  
X23159

DEPARTMENT OF COMMERCIAL AND INDUSTRIAL HYGIENE  
BUREAU OF THE CENSUS  
MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

15619

State File No. \_\_\_\_\_

Registration District No. 735

Primary Registration District No. 3034

Registrar's No. 94

1. PLACE OF DEATH:

(a) County Randolph

(b) City or town Jasper Creek, Mo.  
(If outside city or town limits, write "RURAL" and name of township)

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

(d) Length of stay: In hospital or institution 1 Day  
(Specify whether)

In this community \_\_\_\_\_  
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Howard

(c) City or town Glasson, Mo.  
(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.? 1 years.

3. (a) PRINT FULL NAME ANNA BELL HAYES

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 Lee Hayes 6. (c) Age of husband or wife if alive Deceased years

7. Birth date of deceased Aug. 15 1873  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day

67 8 10 hr. \_\_\_\_\_ min.

9. Birthplace Glasson, Mo.  
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

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

12. Name Leopold Bohemian

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

14. Maiden name Anna Steinhilber

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

16. (a) Informant Ann Hayes

(b) Address Glasson, Mo.

17. (a) Removal (b) Date thereof Apr 25 1941  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Glasson, Mo.

18. (a) Signature of funeral director Walter Lindsey

(b) Address Glasson, Mo.

19. (a) Apr 25-41 (b) Leah Williams  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 25  
year 1941 hour 2 minute 12 P.

21. I hereby certify that I attended the deceased from April 24, 1941, to April 25, 1941, that I last saw her alive on April 25, 1941, and that death occurred on the date and hour stated above.

Immediate cause of death Myocardial Infarction at lower level.

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

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

Other conditions Chronic Myocarditis  
(Include pregnancy within 3 months of death)

Major findings:  
Of operations \_\_\_\_\_

Of autopsy \_\_\_\_\_

Duration 4 days

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? \_\_\_\_\_

925  
While at work? \_\_\_\_\_ (Specify type of place) (c) Means of injury \_\_\_\_\_

23. Signature Walter Lindsey (M. D. or other) \_\_\_\_\_

Address Glasson, Mo. Date signed 4/26/41

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

MOTHER FATHER

RECEIVED

District Health Officer No. 10

District File Number 5-41-1034

Date Filed MAY 20 1941

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.....

J. Walker Andaley, Registered Apprentice No. \_\_\_\_\_  
working under my personal supervision.

Signed J. Walker Andaley

Licensed Embalmer No. 3336

P. O. Address Glasgow 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.