No. 2
1-4-41
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X26390

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JUN 10 1941

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 17581

Registration District No. 201 Primary Registration District No. 5280 Registrar's No. 53

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

1. PLACE OF DEATH:
(a) County Fell in River (Mo) in
(b) City or town Reynolds Co. K.C.K.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Oct. 19-1940 [illegible]
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution
In this community Found May 4-1941 (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Kansas (b) County 999
(c) City or town Kansas City Kan. 14
(If outside city or town limits, write "RURAL")
(d) Street No. 950 Reynolds. 0
(If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME James H. Bays
3. (b) If veteran, name war
3. (c) Social Security No. 510-03-9744
4. Sex M
5. Color or race W
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Ida Bays
6. (c) Age of husband or wife if alive 70 years
7. Birth date of deceased 2- (Month) 9- (Day) 1866 (Year)

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

9. Birthplace Ky. (City, town, or county) (State or foreign country)
10. Usual occupation Watchman
11. Industry or business Metcalf Hamilton Construction Co.
FATHER
12. Name Unknown
13. Birthplace " " (City, town, or county) (State or foreign country)
MOTHER
14. Maiden name Unknown
15. Birthplace " (City, town, or county) (State or foreign country)
16. (a) Informant Mrs. Ida Bays
(b) Address 950 Reynolds Kansas City Kan.
17. (a) Cremation (Burial, cremation, or removal) (b) Date thereof May 6 '41 (Month) (Day) (Year)
(c) Place: burial or cremation Ellwood Kansas City Mo
18. (a) Signature of funeral director Hessel-Barder
(b) Address Liberty Mo.
19. (a) May 6-41 (Date received local registrar) (b) Helen Early (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month day year hour minute M.
21. I hereby certify that I attended the deceased from Coroner, 19 to 19;
that I last saw h alive on 19;
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Drowning in Mo. River found 3 miles S.E. of Liberty Mo.	
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations Coroner	
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) Accident Drowning
(b) Date of occurrence Oct. 18 1940 024
(c) Where did injury occur? Fairfax District. (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? Industrial 3 (Specify type of place)
While at work? yes (e) Means of injury Coroner
23. Signature R.W. Proxher (M. D. ~~or other~~)
Address Excelsior Springs, Mo. Date signed 5-4-41

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 8,
District File Number 6-9-41
Date Filed

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 Not embalmed, Registered Apprentice No. ..... working under my personal supervision.

Signed Marvin Hessel.

Licensed Embalmer No. 2505.

P. O. Address Liberty 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.