

No. 2
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FILED JUN 16 1941

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 18257

Registration District No. 471

Primary Registration District No. 4284

Registrar's No. 21

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD
3
4
0

1. PLACE OF DEATH: Lawrence
(a) County: Lawrence
(b) City or town: Pierce City
(c) Name of hospital or institution: none
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution: 50 yrs.
In this community: 50 yrs.
(Specify whether years, months or days)

3. (a) PRINT FULL NAME: Tom Franklin Hays
3. (b) If veteran, name war: X
3. (c) Social Security No.:

4. Sex: M
5. Color or race: W
6. (a) Single, widowed, married, divorced: married
6. (b) Name of husband or wife: Della Ridpath
6. (c) Age of husband or wife if alive: 53 years
7. Birth date of deceased: Dec. 18 1878
(Month) (Day) (Year)

8. AGE: Years: 62, Months: 5, Days: 8, If less than one day: hr. min.

9. Birthplace: Kentucky (City, town, or county) (State or foreign country)

10. Usual occupation: Farm Labor

11. Industry or business:

MOTHER FATHER { 12. Name: John Hays
13. Birthplace: Kentucky (City, town, or county) (State or foreign country)
14. Maiden name: Unknown
15. Birthplace: (City, town, or county) (State or foreign country)

16. (a) Informant: Lovern Hays
(b) Address: Pierce City

17. (a) Burial (b) Date thereof: 5 28 41
(Burial, cremation, or removal) City Cemetery (Month) (Day) (Year)
(c) Place: burial or cremation

18. (a) Signature of funeral director: [Signature]
(b) Address: Pierce City

19. (a) [Signature] (b) [Signature]
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
(a) State: Mo (b) County: Lawrence 35
(c) City or town: Pierce City Mo. 9
(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.? X 0 years.

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month: May 26
year: 1941 hour: 11 minute: 00 P.M.

21. I hereby certify that I attended the deceased from Feb. 1, 1941, to May 26, 1941, that I last saw him alive on May 26, 1941, and that death occurred on the date and hour stated above.

Immediate cause of death: [Signature] Duration: 2 years

Due to: [Signature]

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?

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

23. Signature: [Signature] (M.D. or other) [Signature]
Address: Pierce City Mo. Date signed: May 27

RECEIVED

Director of Health, Officer No. 6, &

District File Number 641-935

Date Filed JUN 13 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.....

me

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

working under my personal supervision.

Signed.....

Victor O. Hennings

Licensed Embalmer No.....

3822

P. O. Address.....

Pease City

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.