

Registration District No. **73**

Primary Registration District No. **3006**

Registrar's No. **269**

10
24

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

1. PLACE OF DEATH:

(a) County Boone

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

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

(d) Length of stay: In hospital or institution. (Specify whether In this community... 20 yrs 10 mo. 1 day years, months or days) (Specify whether years, months or days)

3. (a) PRINT FULL NAME John B. Hayes

3. (b) If veteran, name war —

3. (c) Social Security No. 497-163962

4. Sex Male **5. Color or race** negro **6. (a) Single, widowed, married, divorced** Single

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

7. Birth date of deceased 11-29-1920 (Month) (Day) (Year)

8. AGE:

| | | | |
|-----------|-----------|----------|----------------------|
| Years | Months | Days | If less than one day |
| <u>20</u> | <u>10</u> | <u>1</u> | hr. min. |

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

10. Usual occupation Dish washer

11. Industry or business Restaurant

12. Name Benjamin Hayes

13. Birthplace Boone Co. Mo. (City, town, or county) (State or foreign country)

14. Maiden name Bertha Richardson

15. Birthplace Boone Co. Mo. (City, town, or county) (State or foreign country)

16. (a) Informant Bertha Hayes

(b) Address Columbia Mo. R.F.D. #4

17. (a) Burial (Burial, cremation, or removal) **(b) Date thereof** 10-5-1941 (Month) (Day) (Year)

(c) Place: burial or cremation Log Providence Mo.

18. (a) Signature of funeral director Stuart P. Parker

(b) Address Columbia Missouri

19. (a) 10/4/41 (Date received local registrar) **(b)** Allie Selby (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Boone

(c) City or town Columbia Rural #40 (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.? — years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 9 day 30 year 41 hour 11:35 minute 2 M.

21. I hereby certify that I attended the deceased from 9-28-41 1941, to 9-30-41 1941; that I last saw him alive on 9-30 1941; and that death occurred on the date and hour stated above.

Immediate cause of death Gunshot wound chest & neck Duration 9/28

Due to —

Due to —

Other conditions (Include pregnancy within 3 months of death) —

PHYSICIAN

Major findings: Of operations no 166

Of autopsy no

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) P-28-41

(b) Date of occurrence 9-28-41

(c) Where did injury occur? Columbia Mo (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? —

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

23. Signature D. K. Buatt (M. D. or other) 166

Address Columbia **Date signed** —

OCT 23 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 _____

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

Signed Stuart P. Parker

Licensed Embalmer No. 2900

P. O. Address Columbia 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, above space should be left blank.