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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED NOV 19 1941

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. **34491**
Registrar's No. **296**

Registration District No. **104**

Primary Registration District No. **3008**

14
2

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

1. PLACE OF DEATH: *Calloway*
(a) County *Calloway*
(b) City or town *Fulton Mo*
(c) Name of hospital or institution: *State Hospital No. 1*
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution *22 days*
(Specify whether years, months or days) *22 days*
In this community *22 days*

2. USUAL RESIDENCE OF DECEASED:
(a) State *Mo* (b) County *Cooper Mo*
(c) City or town *Booneville (rural)*
(If outside city or town limits, write "RURAL") *2*
(d) Street No. _____ (If rural, give location)
(e) If foreign born, how long in U. S. A.? *0* years.

3. (a) PRINT FULL NAME *Theodore Hayes*
3. (b) If veteran, name war _____ 3. (c) Social Security No. *12K*

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month *Oct* day *30*
year *1941* hour *3:50* minute _____ P. M.

4. Sex *male* 5. Color or race *Colored*
6. (a) Single, widowed, married, divorced *married*
6. (b) Name of husband or wife *Russie Hayes*
6. (c) Age of husband or wife if alive *25* years
7. Birth date of deceased *May 25 1868*
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from *Oct 8*, 1941, to *Oct 30*, 1941; and that death occurred on the date and hour stated above.

Immediate cause of death *Chronic Myocarditis*
Duration _____

8. AGE: Years *73* Months *5* Days *6*
If less than one day _____ hr. _____ min.

Due to *Hypertension + arterio sclerosis*

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

Due to _____

10. Usual occupation *Farmer*

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

11. Industry or business _____

Major findings: *930*
Of operations _____

MOTHER FATHER { 12. Name *Wesley Hayes*
13. Birthplace *Ky*
(City, town, or county) (State or foreign country)

Of autopsy _____
PHYSICIAN _____
Underline the cause to which death should be charged statistically.

{ 14. Maiden name *Rosie Pinkett*
15. Birthplace *K.*
(City, town, or county) (State or foreign country)

16. (a) Informant *Russie Hayes*
(b) Address *Booneville Mo*

17. (a) *Booneville* (b) Date thereof *Oct 31, 1941*
(Burial, exhumation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation *Booneville Mo*

18. (a) Signature of funeral director *Goodman Baller*
(b) Address *Booneville Mo*

19. (a) *Oct 31, 1941* (b) *R. N. Crews*
(Date received local registrar) (Registrar's signature)

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? _____

While at work? _____ (Specify type of place) _____ (e) Means of injury _____
23. Signature *Forest Thomas* (M. D. or other) *0*
Address *Fulton Mo* Date signed *10/31-41*

10P (Licensed Embalmer's Statement on Reverse Side) *State Hospital No. 1*

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, fact should be so stated above.