DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JAN 22 1942

Registration District No. 288

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 4172

State File No. 41773

Registrar's No. 54

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

1. PLACE OF DEATH:

(a) County Dunklin

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

(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 none (Specify whether

In this community Lifetime years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Dunklin

(c) City or town Kennett (If outside city or town limits, write "RURAL")

(d) Street No. 713 Kennett, Street (If rural, give location)

(e) Citizen of foreign country? no (Yes or No)

If yes, name country

3. (a) PRINT FULL NAME Lee Roy Hayes

3. (b) If veteran, name war no

3. (c) Social Security No. None

4. Sex M D

5. Color or race W

6. (a) Single, widowed, married, divorced divorced

6. (b) Name of husband or wife

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

7. Birth date of deceased November (Month) 16 (Day) 1900 (Year)

8. AGE: Years 41 Months Days 24 If less than one day hr. min.

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

10. Usual occupation Day Laborer

11. Industry or business

FATHER
12. Name Issac Hayes
13. Birthplace Unknown (City, town, or county) Tennessee (State or foreign country)

MOTHER
14. Maiden name Martha Palmer
15. Birthplace Dunklin County (City, town, or county) Mo. (State or foreign country)

16. (a) Informant Myrtle Locke

(b) Address Senath, Mo

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

(c) Place: burial or cremation Senath Mo

18. (a) Signature of funeral director U. J. River

(b) Address Senath, Mo

19. (a) Dec 10 '41 (Date received local registrar) (b) Mailing Stamp Julia B. Parkinson (Registrar's signature)

901

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec day 10 year 1941 hour 7 minute 00 a M.

21. I hereby certify that I attended the deceased from one night Dec 5, 1941, to - - - - - 19 ; that I last saw him alive on Dec 5, 1941; and that death occurred on the date and hour stated above.

Immediate cause of death unattended by physician @ time of death

Due to Multiple lung abscess 2 yrs

Due to

Other conditions Anemia cardiac failure 1 yr (Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

114d

Duration

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 Dec, 10, 1941

(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? (Specify type of place)

While at work? (e) Means of injury 0

23. Signature J. M. Higginbotham (M. D. or other) M.D.

Address Kennett Mo. Date signed 12-12-41

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Office No. 2,
District File Number 142-39
Date Filed 1-16-42

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.