

FILED JUN 19 1942 5

Primary Registration District No. 3009

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

1. PLACE OF DEATH:
 (a) County, Cape Girardeau
 (b) City or town, Cape Girardeau
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution: St. Francis Hospital
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution, ONE week
 (Specify whether _____ weeks)
 In this community, same weeks
 years, months or days)

3. (a) PRINT FULL NAME: Thomas Hays
 3. (b) If veteran, name war: None
 3. (c) Social Security No.: None

4. Sex: Male 2
 5. Color or race: Col.
 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: July 3, 1896
 (Month) (Day) (Year)

8. AGE: Years 45, Months 10, Days 5
 If less than one day: _____ hr. _____ min.

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

10. Usual occupation: Farm Laborer

11. Industry or business: _____

12. Name: Unknown

13. Birthplace: Unknown
 (City, town, or county) (State or foreign country)

14. Maiden name: Unknown

15. Birthplace: Unknown
 (City, town, or county) (State or foreign country)

16. (a) Informant: Corinna Marshall

(b) Address: New Madrid Co. Mo.

17. (a) Burial
 (Burial, cremation, or removal)
 (b) Date thereof: 5-8-42
 (Month) (Day) (Year)

(c) Place: burial or cremation: McMullin, Mo.

18. (a) Signature of funeral director: Welsh Funeral Home

(b) Address: Sikeston, Mo.

19. (a) 5-14-42
 (Date received local registrar)
 (b) F. J. Phelps
 (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED: 103
 (a) State: Missouri (b) County: Stoddard
 (c) City or town: Rural Essex
 (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 May day 8
 year 1942 hour 7 minute A: M.

21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____;

that I last saw h_____ alive on _____, 19____; and that death occurred on the date and hour stated above.

Immediate cause of death: Cerebral Laceration
Pen Skull Fracture
 Due to Being dragged by
team mules

Duration
6 days

Due to _____

Due to _____

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): accident 072

(b) Date of occurrence: May 1, 1942

(c) Where did injury occur? near farmhouse mo
 (City or town) (County) (State)

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

While at work? Yes (Specify type of place)
 (e) Means of injury: _____

23. Signature: D. B. Elrod (M. D. or other)
 Address: Cape Girardeau, Mo. Date signed: 5/14/42

1014

RECEIVED

District Health Officer No. 4

District File Number 642-762

Date Filed 6-15-42

SEP 13 1942

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 *Raymond Crews*

Licensed Embalmer No. 3467

P. O. Address Sikeston, 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.