S. No. 2
M—9-4-41
v. 5-17-39
I X29484

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED AUG 14 1942

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

23695

State File No.

Registration District No. 1 — Primary Registration District No. 4001 — Registrar's No. 210

1. PLACE OF DEATH:

(a) County Adair
(b) City or town Novinger, "Rural" (If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Rural R. # 1 Nunnah Twp. (If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution (Specify whether
In this community years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Adair
(c) City or town Novinger, "Rural" (If outside city or town limits, write "RURAL")
(d) Street No. Rural R. # 1 (If rural, give location)
(e) Citizen of foreign country? No. (Yes or No)
If yes, name country 0

3. (a) PRINT FULL NAME Donnie Logan Hays

3. (b) If veteran, name war
3. (c) Social Security No.

4. Sex Male 0
5. Color or race White
6. (a) Single, widowed, married, divorced Single 0
6. (b) Name of husband or wife
6. (c) Age of husband or wife if alive years
7. Birth date of deceased July (Month) 30 (Day) 1942 (Year)

8. AGE: Years | Months | Days | If less than one day 11 hr. min.

9. Birthplace Novinger (City, town, or county) Mo. 0 (State or foreign country)
10. Usual occupation
11. Industry or business

FATHER
12. Name Levi Hays
13. Birthplace Cedar Co. (City, town, or county) Mo. 0 (State or foreign country)

MOTHER
14. Maiden name Ruby Sullivan
15. Birthplace Adair Co. (City, town, or county) Mo. 0 (State or foreign country)

16. (a) Informant Levi Hays
(b) Address Novinger, Mo.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 7-31-42 (Month) (Day) (Year)
(c) Place: burial or cremation Union Temple
18. (a) Signature of funeral director Dee Riley
(b) Address Kirksville, Mo.
19. (a) 8/5/42 (Date received local registrar) (b) Mrs. J. L. Wagner (Registrar's signature)

1049

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 30th year 1942 hour 4 minute 20 P.M.

21. I hereby certify that I attended the deceased from July 24, 1942, to July 24, 1942 that I last saw him alive on July 24, 19 and that death occurred on the date and hour stated above.

Immediate cause of death: Atelectasis, Pulmonary — Duration 8 hrs.

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

23. Signature C. L. Martin (M. D. or other) D.O.
Address Kirksville Mo. Date signed 8-2-42

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 10
District File Number 8-42-1569
Date Filed AUG-12-1942

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 D E Riley

Licensed Embalmer No. 4181

P. O. Address Kirksville 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.