

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. _____

FILED SEP 15 1942 94

Registration District No. _____

Primary Registration District No. 6010

Registrar's No. V52

1. PLACE OF DEATH:

(a) County Randolph
(b) City or township Ship at Sugar Creek
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: _____
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____
(Specify whether
In this community 28 years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Randolph
(c) City or township of Sugar Creek
(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.

3. (a) PRINT FULL NAME Sarah Anna Hayes

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

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced married

6. (b) Name of husband or wife Clyde Hayes 6. (c) Age of husband or wife if alive 48 years

7. Birth date of deceased Dec 3rd 1896
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
45 8 19 hr. min.

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

10. Usual occupation At Home

11. Industry or business _____

12. Name John W Hall

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

14. Maiden name Dora Lucas

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

16. (a) Informant Clyde Hayes

(b) Address Moberly Mo

17. (a) Burial (b) Date thereof Aug 23rd 1942
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Moberly Mo

18. (a) Signature of funeral director Mahanandson

(b) Address Moberly Mo

19. (a) Aug 23-42 (b) Prudhomme
(Date received local Registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug day 22nd year 1942 hour 3 minute 50 a.m.

21. I hereby certify that I attended the deceased from Aug 22nd 1942 to Aug 22nd 1942 and that death occurred on the date and hour stated above.

Immediate cause of death car pneumonia
of Septic Bacter.

Due to _____

Due to _____

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

Major findings: Of operations 50

Of autopsy _____

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 Prudhomme (M. D. certifier)

Address Moberly Mo Date signed 8/23/42

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

88
0
0

AUG 26 1943

OCT 13 1943

RECEIVED

District Health Officer No. 10

District File Number 9-42-1762

Date Filed SEP 1 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.....

Frank S. DeWitt

Licensed Embalmer No. 3021

P. O. Address Moberly 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.