

Registration District No. 47

Primary Registration District No. 3008

1. PLACE OF DEATH:

(a) County Callaway

(b) City or town Fulton

(c) Name of hospital or institution: State Hospital No. 1
(If outside city or town limits, write "RURAL" and name of township)

(d) Length of stay: In hospital or institution 4 yrs 7m 5d
(Specify whether In this community years, months or days)

3. (a) PRINT FULL NAME Henry W. Hayes

3. (b) If veteran, name war DK.

3. (c) Social Security No. DK.

4. Sex M. 5. Color or race W.

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

6. (b) Name of husband or wife Cordelia Woodley

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

7. Birth date of deceased Oct 19 1906
(Month) (Day) (Year)

8. AGE: Years 85 Months 9 Days 14 If less than one day hr. _____ min.

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

10. Usual occupation Farmer

11. Industry or business _____

MOTHER FATHER

12. Name Joseph Hayes

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

14. Maiden name Nancy Hayes

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

16. (a) Informant Record

17. (a) Removal (b) Date thereof 8 7 42
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Columbia Mo

18. (a) Signature of funeral director G. C. Roberts

(b) Address Columbia Mo

19. (a) Aug 7 42 (b) Joice Monnikhoff
(Date received at local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Moniteau

(c) City or town Callaway
(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.? 0 years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug day 3 year 1942 hour 6 minute P. M.

21. I hereby certify that I attended the deceased from July 1 - Aug 3, 1942 that I last saw him alive on Aug 3, 1942 and that death occurred on the date and hour stated above.

Immediate cause of death _____

Due to Chronic Myocarditis

Due to Arteriosclerosis

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

Major findings: Of operations g 3d

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? _____

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

23. Signature George W. Ruess (M. D. or other) MD

Address Fulton Mo Date signed 8/9/42

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

14
1
2

1147

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.