

SEP 21 1942

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

30289

State File No. _____
Registrar's No. 74

Registration District No. 116

Primary Registration District No. 3020

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

1. PLACE OF DEATH:
(a) County Franklin
(b) City or town Washington
(c) Name of hospital or institution ST. FRANCIS
(d) Length of stay: In hospital or institution 3 hrs.
In this community 5 weeks

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Franklin
(c) City or town Washington
(d) Street No. _____
(e) If foreign born, how long in U. S. A. ? _____ years.

3. (a) PRINT FULL NAME FLOYD WILFORD BAY Jr

20. DATE OF DEATH: Month Aug day 14
year 1942, hour 5 minute A M.

3. (b) If veteran, name war none 3. (c) Social Security No. none

21. I hereby certify that I attended the deceased from July 8, 1942 to Aug 14, 1942, 1942
that I last saw him alive on Aug 8, 1942 and that death occurred on the date and hour stated above.

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

Immediate cause of death Congenital Heart trouble
Duration _____

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

7. Birth date of deceased July 8 1942
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
1 6 hr. min.

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

10. Usual occupation none

11. Industry or business none

12. Name FLOYD WILFORD BAY

13. Birthplace ST. CLAIR MO

14. Maiden name NELLA MADDE CASSIDY

15. Birthplace CHAMPAIGN MO

16. (a) Informant Floyd W. Bay
(b) Address 314 Barnside Washington

17. (a) BURIAL (b) Date thereof 8-10-42
(Burial, cremation, or removal) (Month) (Day) (Year)

18. (a) Signature of funeral director
(b) Address New Haven, Conn
(c) Place: burial or cremation

Due to _____
Due to _____

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations 1572
Of autopsy _____
PHYSICIAN _____
Underline the cause to which death should be charged statistically.

19. (a) Date received local registrar Aug 14 1942 (b) Registrar's signature Lucille Ruetten

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 J. J. Foy M.D. (M. D. or other)
Address Washington, D.C. Date signed 8/14/42

1181

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 me
....., Registered Apprentice No.
working under my personal supervision.

Signed Carl C. Tuttle

Licensed Embalmer No. 3385

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.