

FILED DEC 9 1942

Registration District No. 1-7

Primary Registration District No. 3008

Registrar's No. 336

14
2

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

1. PLACE OF DEATH:

(a) County Callaway

(b) City or town Jefferson

(c) Name of hospital or institution State Hospital No. 12
(If outside city or town limits, write "RURAL" and name of township)

(d) Length of stay: In hospital or institution 2 yrs 5 m 11 d.
(Specify whether years, months or days)

In this community yes

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Randolph

(c) City or town Cairo
(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 Lee Hayes

(b) If veteran, name war D.K.

(c) Social Security No. D.K.

4. Sex Male 5. Color of race White

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

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

7. Birth date of deceased April 18 1894
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
<u>58</u>	<u>6</u>	<u>27</u>	_____ hr. _____ min.

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

10. Usual occupation Common Laborer

11. Industry or business _____

MOTHER FATHER

12. Name Blue Hayes

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

14. Maiden name Martha Robinson

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

16. (a) Informant Record

(b) Address _____

17. (a) Burial (b) Date thereof 11/17/42
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Summit Hill

18. (a) Signature of funeral director Frank Thompson

(b) Address 2 Madison St.

19. (a) 11-16-1942 (b) Lois Morsink
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov day 15 year 1942 hour 10-30 minute P M.

21. I hereby certify that I attended the deceased from 10/22/1942 to 11/15/1942 and that I last saw him alive on 11/15/1942 and that death occurred on the date and hour stated above.

Immediate cause of death Chronic Myocarditis

Due to Arteriosclerosis Disease

Due to _____

Other conditions (include pregnancy within 3 months of death) 93d

Major findings: Of operations _____

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 George F. News (M. D. or other) M.D.

Address Jefferson Mo Date signed 11/16/42

Duration 2 yrs + 7 m

PHYSICIAN _____

Underline the cause to which death should be charged statistically.

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..... *Richard Brown*

Licensed Embalmer No. *4324*

P. O. Address *Madison, Ind*

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.