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5-17-39
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6842

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. _____

LED MAR 15 1943

Registration District No. 778

Primary Registration District No. 4284

Registrar's No. 24

56000
WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH:

(a) County Lewis

(b) City or town LaBelle

(c) Name of hospital or institution None

(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution None

In this community 10yrs (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED: 56

(a) State Missouri (b) County Lewis

(c) City or town LaBelle

(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.

3. (a) PRINT FULL NAME Charles R. Hayes

3. (b) If veteran, name war None

3. (c) Social Security No. 487-14-1194

4. Sex Male

5. Color of Race White

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

6. (b) Name of husband or wife Sadie B. Hayes

6. (c) Age of husband or wife if alive 47 years

7. Birth date of deceased April 11th 1881

(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>61</u>	<u>10</u>	<u>8</u>	_____ hr. _____ min.

9. Birthplace Adams County Illinois

(City, town, or county) (State or foreign country)

10. Usual occupation Farmer & W.P.A. LABOR

11. Industry or business _____

12. Name Aquillia Hayes

13. Birthplace Unknown, Illinois

(City, town, or county) (State or foreign country)

14. Maiden name Myria Biven

15. Birthplace Unknown, Illinois

(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Sadie B. Hayes

(b) Address LaBelle, Missouri

17. (a) Burial (b) Date thereof Feb 23, 1943

(Burial, cremation, or other) (Month) (Day) (Year)

(c) Place: burial or cremation LaBelle, Cemetery

18. (a) Signature of funeral director Normand Cole

(b) Address LaBelle, Missouri

19. (a) 2-24-43 (b) P. W. Jennings MD

(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb day 19th year 1943 hour 5-45 minute 45 M.

21. I hereby certify that I attended the deceased from Feb 18th 1943 to Feb 19th 1943 and that death occurred on the date and hour stated above.

Immediate cause of death Pulmonary Hemorrhage

Due to Went thru

Due to _____

Other conditions (Include pregnancy within 3 months of death) 1142

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 5

23. Signature N. W. McTim (M. D. or other) MD

Address LaBelle Mo Date signed 2/19/43

Duration
PHYSICIAN
Underline the cause to which death should be charged statistically.

MAR 17 1943

RECEIVED

District Health Officer No. 10

District File Number 343-557

Date Filed MAR 12 1943

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 Norman D. Leoder

Licensed Embalmer No. 3721

P. O. Address LaBelle, 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, above space should be left blank.