

ED MAY 11 1943

Registration District No. 207

Primary Registration District No. 5756

Registrar's No. 64

1. PLACE OF DEATH:

(a) County... Maries Rural - Jefferson Twp.
(b) City or town...
(c) Name of hospital or institution: 1
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution...
In this community Entire Life (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Maries
(c) City or town... Rural
(If outside city or town limits, write "RURAL")
(d) Street No. Jefferson Twp.
(If rural, give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country 0

3. (a) PRINT FULL NAME Sam Lee Hayes

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

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife... Grace Miller 6. (c) Age of husband or wife if alive 56 years
7. Birth date of deceased... Nov. 12 1879
(Month) (Day) (Year)

8. AGE: Years 63 Months 4 Days 25 If less than one day hr. min.

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

10. Usual occupation farmer

11. Industry or business

12. Name Wesley Hayes
13. Birthplace Missouri
(City, town or county) (State or foreign country)
14. Maiden name Sara E. Love
15. Birthplace Missouri
(City, town or county) (State or foreign country)

16. (a) Informant Belle, Mo. R.R.#

(b) Address Burial Highgate 4/8/43
17. (a) (Burial, cremation, or removal) (b) Date thereof (Month) (Day) (Year)

(c) Place: burial or cremation Sassmann's Funeral Service

18. (a) Signature of funeral director... Bland, Mo.
(b) Address

19. (a) 4-15-43 (b) Berna Bassett
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 7th
year 1943 hour 2 minute 15 a.m.

21. I hereby certify that I attended the deceased from 9/20/40 to 4/7/43
that I last saw him alive on 4/7/43, 19...
and that death occurred on the date and hour stated above.

Immediate cause of death... Chronic Nephritis with edema Duration 2 yrs.

Due to Chronic Hypocardiitis

Due to

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations 131 f

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 R. H. Schouharts of or under
Address Belle, Mo. Date signed 4/9/43

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

MOTHER FATHER

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.....

Chester J. Sussman

Licensed Embalmer No. *3178*

P. O. Address..... *Bland*

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.