

V. S. No. 2  
FORM-5-42  
Rev. 5-17-39

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

18030

State File No. ....

FILED JUN 12 1948

Registration District No. 148

Primary Registration District No. 23.66

Registrar's No. 6

1. PLACE OF DEATH:

(a) County: Iron

(b) City or town: Rural; Iron 1 mi

(c) Name of hospital or institution: one mile west of Iron Mountain

(d) Length of stay: In hospital or institution: life

In this community: life

2. USUAL RESIDENCE OF DECEASED:

(a) State: Missouri (b) County: Iron

(c) City or town: Rural

(d) Street No.: one mile west of Iron Mountain

(e) Citizen of foreign country? no

3. (a) PRINT FULL NAME: Gary Wayne Bay

3. (b) If veteran, name war: no

3. (c) Social Security No.: none

4. Sex: male

5. Color or 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 30 1943

8. AGE:

Years	Months	Days	If less than one day
0	0	2	hr. min.

9. Birthplace: Iron Mountain Mo.

10. Usual occupation: none

11. Industry or business:

MOTHER FATHER

12. Name: Gerald Bay

13. Birthplace: Boss Mo

14. Maiden name: Geraldine Stafford

15. Birthplace: Roselle Mo.

16. (a) Informant: Gerald Bay

(b) Address: Iron Mountain Mo.

17. (a) burial (b) Date thereof: 5-3-43

(c) Place: burial or cremation: Boss Mo.

18. (a) Signature of funeral director: Norman White & Sons

(b) Address: Iron Mountain Mo.

19. (a) Date received local registrar: May 10. 43 (b) Registrar's signature: Mrs J.C. Ruckel

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month: May day: 2 year: 1943 hour: 1 minute: 30 P.M.

21. I hereby certify that I attended the deceased from April 30 1943 to May 1 1943 that I last saw him alive on May 1 1943 and that death occurred on the date and hour stated above.

Immediate cause of death: Bronch carcinoma

Due to: Slow debility

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

Major findings: Of operations

Of autopsy

Duration

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: James W. Hoffmann (M. D. or other) Date signed: 5/3/43

Address: Bermark 1000

1098

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

47  
0  
0

RECEIVED

District Health Officer No. 4  
District File Number 643-2302  
Date Filed 6-7-43

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.....

was not embalmed....., Registered Apprentice No.....  
working under my personal supervision.

Signed Amos J. White.....

Licensed Embalmer No. 3072.....

\*P. O. Address Clinton, 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, fact should be so stated above.